DOCUMENT RESUME

ED 079 266 SP 006 656

TITLE	Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped.
INSTITUTION	American Association for Health, Physical Education, and Recreation, Washington, D.C.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE	Feb 73
GRANT	OEG-0-72-5454-233563
NOTE	79p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Behavioral Objectives; Handicapped; *Physical Education; *Professional Training; *Recreation; *Therapy
IDENTIFIERS	National Therapeutic Recreation Society

ABSTRACT

Physical education and therapeutic recreation sections, although separately developed, are related in this guide for professional preparation. Emphasis is on competencies required to perform various roles in each of the areas; alternative ways for students to gain competencies; and flexibility to individualize programs in terms of background, experience, and role/position expectations. The adapted physical education section deals with three specific roles: teacher, specialist, and supervisor. The therapeutic recreation section deals with roles, functions, performance, goals, illustrative learning experiences, resources, and assessment procedures. The importance of relevant practicum experiences is emphasized in both sections. Five appendixes are included. (Author/JB)

STEERING COMMITTEE

Special Education

Richard Schofer, Department of Special Education, University of Missouri, Columbia

Recreation

Fred Humphrey, Recreation and Parks Department, Pennsylvania State University, University Park

Larry Neal, Center for Leisure Studies, University of Oregon, 1580 Agate, Eugene

Peter Verhoven, Department of Recreation, University of Kentucky, Lexington

Physical Education

Donald Brault, Coordinator of Health, Physical Education, and Special Education, Madison Public Schools, 545 West Dayton Street, Madison, Wisconsin

Jack Leighton, Department of Health, Physical Education, and Recreation, Eastern Washington State College, Cheney

Janet Wessell, Department of Health, Physical Education, and Recreation, Michigan State University, East Lansing

National Recreation and Park Association

David C. Park, Therapeutic Recreation Consultant, 1601 North Kent Street, Arlington, Virginia

American Association for Health, Physical Education, and Recreation

Wanda Burnette, Program Assistant, Programs for the Handicapped

Julian U. Stein, Consultant, Programs for the Handicapped

Ex Officio Members

Bureau of Education for the Handicapped

*Bobby Palk, Coordinator, Physical Education and Recreation Unit

William A. Hillman, Jr., Coordinator, Programs on Physical Education and Recreation

American Association for Health, Physical Education, and Recreation

George Anderson, Associate Executive Secretary for Program

Roswell Merrick, Physical Education Consultant

* Donald Hawkins, Recreation Consultant

*Positions at time of Institutes

FILMED FROM BEST AVAILABLE COPY

ED 079266

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped

Julian U. Stein, Director

Wanda Burnette, Assistant to Director

David C. Park, Consultant

William A. Hillman, Jr., Liaison
Bureau of Education for the Handicapped

SP 006 666

AMERICAN ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, AND RECREATION
1201 16th Street, N.W., Washington, D. C. 20036

Developed by Projects of the Bureau of Education for the Handicapped, U. S. Office of Education, Department of Health, Education, and Welfare

February 1973

The project presented or reported herein was performed pursuant to grants from the U. S. Office of Education, Department of Health, Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U. S. Office of Education, and no official endorsement by the U. S. Office of Education should be inferred.

Developed under Project OEG-0-70-3406 (306)-181352 and printed as a service of the Information and Research Utilization Center in Physical Education and Recreation for the Handicapped, Project OEG-0-72-5454-233563.

FOREWORD

The only constant is education is continuing change. Changes are constantly discussed and planned; they are occurring rapidly in most areas of education and recreation. Unfortunately, too many persons affiliated with public schools, residential facilities, colleges/universities, recreation departments, and park boards are unable to cast aside their provincialisms, empires, and petty ego defenses to interact meaningful to build relevant recreational and educational programs to fit the needs of each participant. Those who participated in this project were encouraged to break with tradition and convention, to be innovative, resourceful, and creative in an effort to provide practical and functional direction for persons administering, coordinating, teaching, and evaluating graduate professional preparation programs in adapted physical education and therapeutic recreation.

Many different and separate factors were considered as these guidelines developed--

- Past, present, and future roles of involved personnel.
- Knowledge, skills, competencies, understandings, and appreciations needed to serve in each specifically identified role.
- Education and experiences needed to perform efficiently and effectively each of the identified roles.

Therefore, these guidelines are appropriate and applicable for and usable by—

- Students planning education and practical experiences for general and specific roles in physical education and recreation programs for impaired, disabled, and handicapped persons.
- College/university personnel developing, expanding, or evaluating curricula, especially in the areas of concern.
- Administrators assessing competencies of applicants for staff appointments when initiating new positions in these areas.
- Supervisors developing pre and/or inservice programs for persons directly or indirectly involved in programs for special populations.
- Staff and field readers of the Bureau of Education for the Handicapped evaluating project applications for federal funding.
- Staff and field personnel of the Bureau of Education for the Handicapped when making field visits to evaluate funded or proposed projects.

- Personnel directly or indirectly involved in physical education and/or recreation programs for impaired, disabled, or handicapped persons.

These guidelines must be interpreted and applied in terms of future needs of delineated groups as each looks and moves forward and onward toward 1980. Read, study, and apply these guidelines in terms of future plans, growth and progress, not in terms of the status quo. Although this living, viable document is a guide for creative action, it should be evaluated and refined constantly by all who use it. In this way, new ideas can be incorporated; comments, reactions, and suggestions shared, inconsistencies minimized or eliminated; and, input from all for whom these guidelines have been designed utilized to expedite greater and more exciting professional change.

Factors not specifically dealt within these guidelines that need research and consideration as part of comprehensive professional preparation programing for persons involved in physical education and/or recreation for impaired, disabled, and handicapped persons include—

- Developing closer working relationships between preparation programs in adapted physical education and therapeutic recreation. Teamwork, interdisciplinary cooperation, and multiagency activities involving physical education and recreation need to be improved, and greater cooperation and coordination between the two disciplines explored. Similarities in the process involved in adapted physical education and therapeutic recreation, rather than specific differences, need definition, investigation, clarification, and emphasis.

- Requiring personnel involved in professional preparation programs in adapted physical education and therapeutic recreation to have actual field experience and maintain direct contact and involvement in community/school/center programs. Only in this way can personnel in these critical positions stay abreast of changes and be aware of needs, priorities, problems, and concerns of persons in all situations and at all levels in the field.

- Involving field personnel in all aspects of professional preparation programs; especially in practicum and field experiences. Supervision of practicum and field experiences is a joint responsibility of college/university and community/field site personnel. At the start of any professional preparation programs, college/university personnel have a greater responsibility but community/field site personnel should be actively involved; as a student progresses through the program, increasing supervisory responsibility shifts to community/field site personnel. At graduation or completion of the program, contact with college/university personnel should not end as planned follow-up, guidance, and evaluation continue for a specified time and should be renewed periodically.

- Placing appropriate emphasis upon competencies necessary for active participation on interdisciplinary, multiagency teams. Such competencies include how to interact with personnel from other disciplines/fields/areas, understanding terminologies and problems/focus/concerns of others, and how to function as part of a truly differential staff. As such, hows, whys, and wherefores of working with paraprofessionals, volunteers, aides, and parents for maximum benefit of program participants require special attention and specific emphasis.

- Encouraging, developing, and pursuing, combined preparation and training in certain specialty areas such as athletic training and adapted physical education. Relationships, similarities, and differencies among these areas and others such as corrective therapy, physical therapy, music therapy, art therapy, occupational therapy, and dance therapy need further investigation. Use and role of paraprofessionals, subprofessionals, and nonprofessionals likewise need study, investigation, and suggested approaches.

- Giving special consideration to students who enter undergraduate programs with one or more years experience in serving impaired, disabled, and handicapped persons and who possess well-defined and developed competencies in specific aspects of physical education, recreation, and related areas. In an era of demands for relevant curricula and accountability these are vital considerations and must receive adequate attention in developing programs.

- Considering competencies needed by classroom special education teachers in physical education, recreation, and related areas. Specific attention to this important area could be dealt with through a seminar or conference series to develop guidelines dealing with competencies in physical education and/or recreation for classroom teachers and is recommended.

For too long physical education and recreation have been looked upon as simply fun, play, and diversion; as such they were tacked onto programs, activities, and efforts for special groups and populations. Now, personnel from many settings and with diverse training and backgrounds, recognize the importance of motor development, physical proficiency, physical education, recreation, and related activities in educating, training, habilitating, and rehabilitating persons with various handicapping conditions. Services of personnel with special competencies are sought, even demanded, to meet diverse needs of impaired, disabled, and handicapped persons when active participation in physical education and recreation programs can contribute to their growth, development, good, welfare, and happiness. A great challenge confronts all individuals interested and involved in programs for special groups and populations in general, and in adapted physical education and therapeutic recreation in particular. Implications and ramifications for personnel responsible for preparing future leaders and teachers are especially important and have long needed special attention and consideration to meet the growing and changing needs of students in

adapted physical education and therapeutic recreation. This project and these guidelines were developed with these needs uppermost in mind.

Trends and directions in modern education must be recognized and applied to meet needs, demands, and problems of students preparing to serve impaired, disabled, and handicapped persons through physical education, recreation, and related areas. Many exciting and productive things are happening in these areas; it behooves each person to project his vision from the shoulders of those who preceded him rather than to sit at their feet, travel the same ground, make the same mistakes, and suffer through the same process of trial and error. Complexities of the space age, pressure of time, and many unfinished tasks make it mandatory that each of us use and benefit from the experience of others—this is one of the great challenges of our times.

Only when all impaired, disabled, and handicapped persons—aged, adults, and young adults as well as adolescents, youth, children and infants—have maximum opportunities to grow, develop, and live wholesome, productive, and satisfying lives, can we truly say that progress has been made, we have emerged from darkness and we have eliminated man's inhumanity to man. When all impaired, disabled, and handicapped persons have opportunities to live as independently as possible and to their maximum potential capacity and ability, we can begin to take pride in our accomplishments and consider our programs to be successful.

Julian U. Stein, Project Director
and Consultant, Programs for the
Handicapped, AAHPER

TABLE OF CONTENTS

iii FOREWORD

1 INTRODUCTION

3 OPERATIONAL DEFINITIONS

Impaired, Disabled, and Handicapped 3
Adapted Physical Education 3
Therapeutic Recreation 5
Non-Categorical Approach 6

7 HOW TO USE THESE GUIDELINES

9 ADAPTED PHYSICAL EDUCATION

Introduction 9
General Considerations 9
Roles 11
Specialist Teacher 13
Supervisor 19
College/University Teacher 24

29 THERAPEUTIC RECREATION

Rationale 29
Identification of Roles 31
Functions 32
Performance Goals 34

Philosophy and Concepts 35
Program Development and Assessment 36
Therapeutic Recreation Education Development 37
Community Organization and Change Enabling Activities 38
Administration and Supervision 39
Consultation 40
Counseling 40
Interpersonal Relationships, Group Dynamics, and Communication 41
Research, Evaluation, and Dissemination 42

Learning Experiences, Resources, and Assessment 43

Learning Experiences 43

Functions and Purposes of Practicum Experiences 44

Responsibilities of Agencies, Academic Institutions, and Students for Practicum Experiences 45
Guidelines for Selecting Practicum Sites 45

Resources 48

Faculty 48
Institutional 49
Community 49
Student 49

Assessment 49

51 SELECTED REFERENCES

57 APPENDICES

Behavioral Performance Words 57
Professional Preparation for Careers in Corrective Therapy 59
Recommended Minimal Standards for Approved Clinical Training Affiliations in Corrective Therapy 61
Standards Adopted by the National Therapeutic Recreation Society 64
Participants 66

INTRODUCTION

Information contained in this document is based on input provided by many people and from a variety of sources. Guidelines presented here are statements to assist in initiating, developing, expanding, or evaluating programs of graduate professional preparation in adapted physical education and therapeutic recreation—physical education and recreation for all impaired, disabled, and handicapped persons. Although emphasis of these guidelines is on graduate preparation in the areas of concern, many principles upon which they were based, and content of the document itself can be applied to undergraduate professional preparation in physical education and recreation.

With increased emphasis being placed upon providing opportunities and experiences in physical education and recreation for special populations, there is a need for highly qualified and specially trained personnel to work at all levels and in a variety of settings. The need for guidelines in professional preparation programs in adapted physical education and therapeutic recreation was well established and documented before this project was initiated. Legislative mandates, programs of official and voluntary agencies, and efforts of civic and service groups all focus on and point to the need for high quality professional preparation programs in adapted physical education and therapeutic recreation.

A few colleges and universities have offered specialized professional preparation programs in adapted physical education and therapeutic recreation for years; others have recently initiated courses, sequences, concentrations, options, and major or minor study areas at both undergraduate and graduate levels. However, coordinated efforts have been minimal. The direction and level of present activities indicate that opportunities for students in adapted physical education and therapeutic recreation will continue to increase and that professional preparation programs must adjust, adapt, and continue to progress to meet existing and future needs.

These guidelines were developed, refined, and finalized through a process that involved 120 physical educators, recreators, special educators, administrators, supervisors, students, clinicians, and others with diversified backgrounds and from varied programs. These persons (Appendix—pages 66-72) were involved in developing materials through participation in one or more of seven workshops, institutes, and meetings held between September 1971, and August 1972.

A steering committee composed of representatives of the American Association for Health, Physical Education, and Recreation (AAHPER), the National Recreation and Park Association (NRPA), and the Bureau of Education for the Handicapped (BEH) provided guidance and direction in planning, implementing, and evaluating all phases of the project. Members of the steering committee also participated in specific project activities.

A selected group of physical educators and recreation specialists met in a special workshop to develop initial guidelines to provide the working document used at each of three subsequent regional institutes. The workshop approach was designed to utilize the knowledge, experience, and competencies of a large number of professionals representing a diverse cross section of individuals involved in adapted physical education and therapeutic recreation programs.

The working draft funneled through the institute refining process and in turn became the working document for the two committees charged with the responsibility of analyzing and synthesizing all materials. Representatives from each of the previous meetings—a physical educator and a recreation specialist from the initial workshop and from each of the three regional institutes—a physical educator and a recreation specialist who had not been previously involved in this project, and a representative from the AAHPER Professional Preparation Panel met to put materials in final form. Following this a small group representing the two areas of concern met to refine and finalize guidelines presented in this document.

OPERATIONAL DEFINITIONS

Divergent training, varied experiences, and different philosophies of persons interested and involved in professional preparation programs in adapted physical education and therapeutic recreation make it essential for readers of these guidelines to have a common base and mutual understanding of specific terms used frequently in this document.

Impaired, Disabled, and Handicapped

Impaired, disabled, and handicapped are often used synonomously and interchangeably; they are also used with different meanings and connotations. Individuals with various physical, emotional, or social conditions often see themselves differently than labeled and categorized by society. There are important differences among the terms impaired, disabled, and handicapped; professionals should educate and promote appropriate definition, connotation, and exact use of each of these terms rather than perpetuate societal and cultural imposition of their meanings and definitions.

Impaired refers to individuals who have identifiable organic or functional conditions—some part of the body is actually missing, a portion of an anatomical structure is gone, or one or more parts of the body do not function properly or adequately. The condition may be permanent as in amputations, congenital birth defects, cerebral palsy, brain-damage, or retrolental fibroplasia. It may be temporary as in functional speech defects, some learning disabilities, various emotional problems, certain social maladjustments, or specific movement deficiencies.

Disabled refers to individuals who because of impairments are limited or restricted in executing some skills, performing tasks, or participating in certain activities, movements, or patterns.

Handicapped refers to individuals who because of impairments or disabilities are adversely affected psychologically, emotionally, or socially. Handicapped reflects an attitude of self-pity, feeling sorry for one's self, and despair. Some individuals with impairments and disabilities are handicapped, some severely handicapped. Other persons with severe impairments or serious disabilities adjust extremely well to their conditions and live happy and productive lives—in their own eyes they are not handicapped even though society continues to label them as handicapped.

Adapted Physical Education

Historically various terms, each with its own accepted connotation, have been used to describe specialized programs of physical activities for impaired, disabled, and handicapped persons. Included are —

- Corrective - remediate conditions such as postural deficiencies and minor orthopedic deviations through individually planned exercise and activity programs.

- Developmental - increase exercise tolerance of the weak and ill through individually planned and progressively vigorous programs; more recently this has referred to preventing or improving low levels of motor ability or poor physical fitness in preschool and primary level children.

- Therapeutic - provide individual prescriptions of movement activity for various purposes and to meet specific needs.

- Remedial - change or improve function or structure by means of selected exercises and/or physical/motor activities.

- Adapted - modify sports and games so impaired, disabled, and handicapped persons can participate, and/or provide means for each person to develop sufficient skills in various activities so as to be able to participate with his peers, classmates, and contemporaries.

- Special physical education - provide for the specific needs and abilities of special populations through corrective, developmental, therapeutic, remedial, or adapted activities.

The Committee on Adapted Physical Education of the American Association for Health, Physical Education, and Recreation defines adapted physical education as "...a diversified program of developmental activities, games, sports, and rhythms suited to the interests, capacities and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program." This statement was prepared in 1952 for general use in schools and colleges rather than for special schools, residential facilities, and day care centers.[1]

With this document came the responsibility of selecting and using one term consistently to represent this specialized area of physical education. Years of argument, indecision, and lack of a single generally accepted term made the task of coming to some agreement quite difficult. After extended deliberation, debate, and discussion, adapted physical education was the term selected to represent the specialized program of movement activities for all impaired, disabled, and handicapped persons. As used in this publication, adapted physical education refers to any motor activity or movement program designed specifically for impaired, disabled, and handicapped persons in any setting with an educational focus or purpose. By definition, adapted physical education includes physical activities—

- Planned for individuals with learning problems resulting from motor, mental, or emotional disabilities or dysfunctions.

---

[1] Journal of the American Association for Health, Physical Education, and Recreation 23:4: 15; April 1952.

- Planned for purposes of habilitation, rehabilitation, remediation, or physical development.
- Modified so impaired, disabled, and handicapped persons can participate.
- Designed for modifying movement capabilities.
- Planned to promote maximum/optimum motor development.
- Conducted in a school setting or within a clinic, hospital, residential facility, day care center, or other environment where the primary intent is to influence learning and/or movement potential through motor activity.

Therapeutic Recreation

Recreation is characterized by the attitude of a person when he participates in activities that satisfy, amuse, divert, relax, or provide opportunities for self-expression. Active or passive recreation is carried on voluntarily during one's leisure time; it offers aesthetic, creative, physical, mental, emotional, or social benefits to the participant. Recreation is generally associated with arts and crafts, camping and other outdoor activities, cultural activities, dance, drama, entertainment, hobbies, mental and literary activities, music, nature activities, social activities, clubs and other organized groups, special events, sports, games, athletics, excursions and field trips, and voluntary services.

Therapeutic recreation is based on the humanistic view that impaired, disabled, and handicapped persons are entitled to personal fulfillment through recreation and leisure time activities the same as other groups and individuals. Adaptations and services necessary to make such personal fulfillment possible are the responsibilities of society.

Therapeutic recreation is designed to help the ill, impaired, disabled, or handicapped person meet his own basic needs for recreation, and to enhance the rehabilitation and convalescence of individuals with varying types and degrees of illnesses, impairments, disabilities, handicaps, and social problems.

Therapeutic recreation as recently defined by the National Therapeutic Recreation Society (NTRS), is a special service within the broad area of recreation services. It is a process which utilizes recreation services for purposive intervention in some physical, emotional, and/or social behavior to bring about a desired change in that behavior and to promote the growth and development of the individual. This definition reflects broadening concerns of therapeutic recreation service which implies providing recreation services for special groups in the community and in other types of agencies as well as for those in hospitals and medically oriented facilities.

Non-Categorical Approach

Traditionally impaired, disabled, and handicapped individuals have been classified, categorized, and programmed according to specific physical, mental, emotional or social conditions. Basic to a categorical approach is the assumption that all persons with the same condition have identical needs, interests, abilities, and disabilities. To plan one program for all individuals with a specific condition is no more valid and justified than planning one program for all children of the same chronological age, the same sex, or from the same state. Failure to recognize the uniqueness of every person negates and contradicts the concept of individual differences. However, basic understanding of the nature of specific impairments, disabilities, and handicaps is an important prerequisite to implementing non-categorical approaches. While the focus of this document is non-categorical, it is recognized that some individuals preparing for specific roles and some colleges/universities will find it necessary to place greater emphasis upon categorical approaches.

Specifically applied to physical education and recreation programs, a non-categorical approach focuses on the individual as he functions in various types and levels of programs and activities. His total physical, mental, emotional, and social characteristics and traits influence involvement, success, achievement, and satisfactions from physical education and recreation activities. A non-categorical approach deals with real, live, functioning people, not conditions which may or may not affect one's ability to perform certain movements, physical skills, motor activities, or to participate in recreational-leisure endeavors.

HOW TO USE THESE GUIDELINES

This document represents a dynamic effort to move educators another step forward in their attempts to help impaired, disabled, and handicapped persons. Below are several general considerations to help in reading and using these guidelines.

- Consider and interpret guidelines as flexible statements and not as absolute standards. No statements or recommendations are made about numbers, sizes, frequencies, or specific criteria that must be fulfilled for graduation, licensing, or accreditation. Each college or university can apply these guidelines in ways that are consistent with its own institutional structure and framework. These guidelines do indicate both concerns and directions; important or critical concerns are identified even though ways to proceed are not always provided.

- Think in terms of competencies rather than specific courses. No statements are made about tracks, degrees, courses, or other organizational procedures that all colleges or universities must follow; emphasis is upon measurable performance goals that reflect student attainment of relevant competencies—knowledges, understandings, appreciations, and skills. Again, each college or university can package competencies and offer opportunities and experiences for students in terms of its own unique administrative structure and curricula framework.

- Provide and encourage the creation of alternative ways for students to gain competencies. Site seminars, involvement of personnel from field and practicum sites, and coordinated theory—practice opportunities must be used to their fullest extent; theory experiences should be interrelated with practicum/field applications.

- Maintain flexibility to individualize programs. Recognize where each student has been—his previous experience, training, and education, and where he is going—his future role, position, and expectations.

Although adapted physical education and therapeutic recreation sections have been prepared separately, formats of each are related to the other. Both general and specific directions, content, approaches, and techniques can be used to supplement and complement one another in preparing graduate personnel for various roles in adapted physical education and therapeutic recreation.

ADAPTED PHYSICAL EDUCATION

INTRODUCTION

Guidelines in this section are designed to give direction, guidance, and assistance to personnel involved in various aspects of graduate programs in adapted physical education; they should be of value to persons developing new programs as well as to those who are expanding or enriching existing programs. Readers and users are reminded that these statements are guidelines and not standards, and that college and university programs must be consistent with structures and frameworks established on individual campuses. Although primary focus and importance should be given to guidelines and their use, several comments are offered to give readers some background as to how guideline statements were developed.

Direction in adapted physical education is moving away from narrowly conceived programs that focus on remedial, corrective, or therapeutic modalities alone and toward programs which emphasize adaptations and modifications of activities to encourage maximum integration of children into regular physical education classes. Recent trends in some states and in some college and university professional preparation programs in special education promote non-categorical approaches that have important implications for adapted physical education. Persons responsible for preparing people for careers in adapted physical education must be cognizant of these developments in order to be prepared for the challenges of the 1970's and 1980's.

As material needed to develop these guidelines was accumulated, it became apparent that a format which attempted to outline all possible tracks, degrees, courses, and curricular patterns was neither workable nor practical. The focus was shifted to roles to be assumed by graduates with the parallel recognition that the basic purpose of graduate programs in adapted physical education is to guide students in acquiring competencies needed to function in designated roles. In the preparation of these guidelines, efforts have been made to present basic functions of each role and to present competencies needed through suggested possible learning experiences.

These guidelines have been divided into two parts. General Considerations deal with two major points, with discussion under each point serving as basic guidelines. Role statements provide a model that can be used to amplify and expand guidelines for use in individual college and university programs.

GENERAL CONSIDERATIONS

Every student needs opportunities for field experiences under the guidance of qualified personnel. Field experience must be an integral part of every graduate program in adapted physical education.

- Careful consideration should be given to providing students with maximum exposure to field experiences commensurate with specialized needs.

- Course work and theory should be integrated and related to practical situations through appropriate observation and participatory experiences.

- Formal internships or similar arrangements should be structured to provide increasing opportunities for each student to execute and evaluate learning experiences related to his specialization.

- Field experiences should be available in a variety of situations within a reasonable geographical area. Field experiences will vary depending on the focus of graduate programs, handicapping conditions, and settings in which experiences occur.

- Supervision of field experiences should be a joint responsibility of faculty and field personnel. Roles of field personnel should be expanded to include participation in developing and modifying graduate programs.

- Specific sites for field experiences may be judged according to such pertinent characteristics as:

  — Appropriateness to emphases in graduate programs
  — Accessibility to college or university
  — Availability and adequacy of supervision by faculty and field personnel
  — Opportunities for interaction-communication with field personnel.

Physical facilities, program resources, faculty and field personnel are important components of an adapted physical education program. They must all be strongly considered in developing and evaluating programs.

- An essential characteristic of adapted programs is interprofessional and interdisciplinary involvement to prepare students for future work with personnel in other fields and to use related resources. Professional preparation should include course work, field experiences, and work with students from other fields.

- Colleges and universities offering graduate programs should be regionally accredited; teacher preparation programs within these institutions should meet NCATE standards.

- Participating agencies should be certified or accredited by appropriate associations and groups.

- Graduate faculties should substantially meet both professional and general educational standards for teaching at the college/univ

level. Specialist faculty members involved in these programs should be:

— experiences in working with impaired, disabled, and handicapped persons.
— committed to coordinating, planning, conducting, and evaluating these programs.

- Specialists who conduct on-site field experience programs for graduate students should be:

— certified, registered, or otherwise qualified according to standards of their own specific professions.
— willing and qualified to supervise students.

- The scope and characteristics of resources for graduate programs in adapted physical education should include:

— community resource settings such as public and private schools, residential facilities, diagnostic/evaluation/assessment centers, clinics, medical centers, health agencies, civic agencies/programs, consultive services.

— services which are instructional, educational, clinical, medical, diagnostic, evaluative, recreational, vocational.

— contact with other personnel including recreation, special education, psychology, sociology, psychiatry, medicine, nursing, guidance/counseling, affiliates of professional associations.

— written materials such as textbooks, manuals, professional resources, journals, newsletters, curriculum guides, reports, case histories, medical reports, referral forms, Educational Resources Information Centers/Instructional Materials Centers (ERIC/IMC) publications, and data from other collection retrieval systems.

— specialized facilities, equipment, supplies such as multimedia centers for producing materials; computer/data processing systems; statistics laboratory/center and equipment; audio-visual materials; research laboratory and equipment; diagnostic/assessment supplies/equipment.

ROLES

Future professional roles of students should be the basis on which graduate adapted physical education programs are developed, evaluated, and modified. It is almost too obvious to state that the starting point in considering any

curriculum of this nature should be identifying and defining roles for which students are being prepared. This provides a basis for selecting, arranging, evaluating, and modifying learning experiences. As a caution against narrow training objectives, roles and related graduate programs must be broadly conceived to provide background and depth that will enable students to cope with many professional roles for which they are being prepared.

A major effort in preparing these guidelines was directed toward identifying and defining professional roles in adapted physical education. This was done with the idea that others could use this identification and definition of roles as a framework to guide them in studying their graduate programs in adapted physical education. It is necessary, therefore, to explain how materials in this section were developed and to illustrate how this approach might be used. Readers should note that breakdowns and statements within professional roles are not guidelines in a conventional sense; rather the structure and process are intended to guide and direct readers.

Three basic professional roles—specialist teacher, supervisor, and college teacher—have been identified. A brief discussion of each role, including related professional roles, is offered in a narrative introduction to each role. Roles are divided into functions, which identify major responsibilities within each, followed by competencies to indicate skills, knowledges, understandings, and appreciations needed to perform each function. Competencies are expressed as performance goals to indicate behaviors that define and clarify a function; they provide the focus for determining learning experiences. Elaboration under each role is arranged in a structure that can be viewed in outline form and can be expanded as additional functions and competencies are identified.

I. Role
   A. Function
      1. Competency
         a. Learning experience

Three general functions common to each role are listed for each role. Each professional role involves a concern for individuals, as illustrated by the specialist teacher dealing with individual children, the supervisor having responsibility for individual teachers, and the college teacher focusing upon individual students as each prepares for his respective role. Each professional role involves a concern for programs, ranging from adapted programs in one or many schools to graduate programs in adapted physical education. Each professional role involves interprofessional and interdisciplinary relationships.

Competencies listed under each function are suggestive, since it is not possible in this document to define specific competencies that will apply to needs in every section of the country and in all situations. Learning experiences are included for each competency to assist readers in selecting options for development of competencies.

Each college and university should begin by identifying professional roles for which its students are being prepared. Each role should then be defined in terms of functions, competencies, and relevant learning experiences. This process should produce a structure or framework describing a program of graduate study. The process of identifying and defining professional roles should provide a dynamic understanding of a graduate program, and the structure should provide checkpoints for planning and evaluation. Again, readers are reminded that each college and university must identify and define professional roles in terms of local needs and circumstances and that this document only provides guidelines to the process and structure, not a set of standards for professional roles.

Specialist Teacher

Many teachers and other professionals with varied education and experience, including both broadly prepared generalist teachers of physical education and more specifically prepared specialist teachers of physical education, clinicians, and others, may be involved in any program for atypical children. Teachers with general preparation and qualifications in physical education may assist and teach in special programs for atypical children, but their lack of specific preparation and experience means they should work under the direction and supervision of a specially trained and qualified individual. The generalist teacher might assist with and teach exercises, skills, and activities, supervise an individual student's program, and participate in screening and evaluation procedures for groups and individuals.

The general physical education teacher operating in this manner must acquire, in addition to previous broad general preparation, a basic understanding of impairments, disabilities, and handicaps. The teacher must learn how each condition could interfere with general and motor learning, how each could affect participation in physical activities, and specific exercises and modifications of activities used in adapted physical education. Supplementary courses, individual study, voluntary participation in special or clinic programs, inservice study, and initial direction and subsequent supervision by a qualified specialist are ways in which these understandings can be obtained. Since this role—generalist teacher assisting in adapted physical education—is usually assumed by a physical education teacher whose professional preparation is not graduate specialist in nature, it was not considered appropriate to detail performance goals for the generalist teacher in this document.

On the other hand, guidelines for preparing the specialist teacher of adapted physical education have been developed since the individual primarily responsible for planning and giving direction to a program must possess rather specific skills, competencies, knowledges, and understandings.

The proposed guidelines are not intended to prepare an adapted physical education specialist to work with a single category of impaired, disabled, or handicapped persons or in any one particular setting. Emphasis is on developing knowledge and understanding, appreciation and skill in diagnosing motor problems and physical deficiencies, and in prescribing appropriate activities for each participant according to his condition and situation.

Numerous kinds of impairments, disabilities, and handicaps exist; various settings require the services of adapted physical education specialists, so a non-categorical approach has been used in organizing and developing these guidelines. Guidelines suggested in this section represent minimum levels of preparation felt necessary for developing an adapted physical education specialist.

Today, adapted physical education specialists are usually found in public school or college/university settings; the future will find them increasingly involved in programs, activities, and projects in private and governmental settings such as residential facilities, day care, preschool, and early childhood centers, activity and regional centers, hospitals, clinics, and senior citizens centers. Therefore, graduate professional preparation for the adapted physical education specialist should include both general professional preparation and specific training necessary for the individual to perform a specific role in a particular setting.

In addition to acquiring understandings and abilities related to adapting physical activities for impaired, disabled, and handicapped persons, a specialist must be able to operate independently in planning individual programs or curricula. He must understand concerns and approaches of other professionals with whom he must interact. It is imperative that professional preparation of the adapted physical education specialist reflect the need for interprofessional involvement and extensive firsthand, practical, and real training experiences; many ways of obtaining requisite competencies must be considered and given high priority in graduate programs.

The minimum prerequisite for enrollment in any program preparing a specialist in physical education for impaired, disabled, and handicapped persons should be an undergraduate degree and/or certification in physical education. Individuals with preparation in related professions or disciplines should be considered for graduate specialist programs only if their previous training and experience are supplemented with <u>essential</u> professional competencies of the physical education teacher. Ideally every adapted physical education specialist should possess and be able to teach skills and knowledges in a variety of physical activities, to promote a love of activity and participation in a given age group, and to understand and appreciate why such participation is important and vital to all, including impaired, disabled, and handicapped persons.

The specialist in adapted physical education should be able to perform these functions:

- Assess and evaluate the physical and motor status of individuals with a variety of handicapping conditions.
- Develop (design, plan), implement (conduct), and evaluate diversified programs of physical education for individuals and groups with any of a variety of handicapping conditions.
- Participate in interprofessional situations providing special programs or services for individuals or groups, including coordination of such services for a program.

Function: Assess and evaluate the physical and motor status of individuals with a variety of handicapping conditions.

Competencies	Possible Learning Experiences
. Identify physical and motor tolerance limits for participation in various exercises and physical activity (movement oriented) programs.	. Administer a cardiorespiratory test and determine recovery index (tolerance to fatigue). Utilize available test norms to identify the student's need of specific physical/motor prescriptions. . Determine a student's strength decrement index by administering pre and post tests of muscular endurance.
. Analyze specific movement and exercise problems/capacities.	. Review a videotape of a student performing a variety of motor ability tasks and describe or identify any observed movement problem(s). . Discuss the implications of specific postural deviations or other conditions in terms of potential physical/physiological problems that may develop.
. Determine physical and motor (movement) needs of individuals.	. Evaluate a variety of physical activities/perceptual-motor tests/ movement tasks in terms of their usefulness and limitations in identifying physical/motor/movement problems and needs. . Prescribe and list exercise/movement tasks or goals of individuals as a result of analyzing a physical fitness test battery. . Develop a list of prescriptive movement tasks/exercises recommended on the basis of screening test results.

Function: Develop (design, plan) implement (conduct) and evaluate diversified programs of physical education for individuals and groups with a variety of handicapping conditions.

Competencies	Possible Learning Experiences
. Understand the general nature of specific types of handicaps and their potential effects on both learning and participating in a variety of physical activities.	. Read (view), discuss, and analyze materials dealing with the nature of conditions which may result in limitations, disabilities, or handicaps. . Participate in firsthand, practical experiences with children/adolescents/adults with a broad range of handicapping conditions. . Write/outline the physical/motor implications of various impairments, disabilities, and handicaps. Design hypothetical adapted programs with anticipated outcomes for several of these conditions. . Review medical histories or case studies which indicate observed symptoms, behaviors, and approaches for prescribing (recommending) physical/motor activities.
. Interpret and apply assessments of individuals to develop appropriate programs of exercise and physical activity on both an individual and group basis.	. Select real or hypothetical individual with a specific handicapping condition; assess his needs in view of test results, and prescribe a physical/motor activity program for him. . Review results of group testing (i.e., posture screening, physical fitness) and assess the impact upon (1) curriculum modifications, (2) program adaptations, (3) individual adjustments, and, (4) overall programing.

. Utilize a variety of instructional aids, devices, materials, and specialized facilities, equipment, teaching techniques, and procedures for placing students in programs according to individual and group needs.	. Construct or modify and use a specific teaching aid or device for a special learning problem; do not duplicate items available commercially. . Design a real or hypothetical program site for persons with various physical or behavioral problems such as (1) ambulatory limitations, (2) hyperactivity, and, (3) low vitality. . Analyze a video-tape of teaching techniques utilized in several instructional situations involving impaired, disabled, and handicapped persons. . Make a real or hypothetical adapted physical education schedule for a group of elementary and/or secondary school students. Discuss and consider such possibilities as modular scheduling, self-contained units, non-graded classes, combined adapted-regular classes, dual class approaches, and other flexible patterns.
. Use research findings in program planning, development, evaluation, and change.	. Read several research reports and abstract and synthesize the findings/conclusions with implications for developing an adapted program. . Interview a teacher or other involved professional and discuss the impact of evaluation/research findings as a change agent/ influence in programing; report the evidence.
. Evaluate individual progress and program effectiveness.	. Analyze and evaluate an existing program including organization, administration, and implementation; report on its probable effectiveness.

	• Conduct or participate in a longitudinal study--one semester or more--of an individual involved in an adapted program, and write a case study including information about (1) initial status, (2) program prescription, (3) progress records and program changes, (4) evaluation of effectiveness, and, (5) recommendations.

Function: Participate in interprofessional situations providing special programs or services for individuals or groups, including coordination of such services for a program.

Competencies	Possible Learning Experiences
• Identify and utilize resources of professionals in other related disciplines.	• Compile a list of services provided by local, state, and national agencies, organizations, and associations; tell how these services relate to and interrelate with physical education. • Observe programs, projects, and activities of different agencies, associations, and organizations. • Interview a representative of an agency, review program offerings, and write a report/critique of the experience.
• Integrate programs of individuals and/or groups with other instructional, treatment, and rehabilitation programs.	• Develop prescriptive programs for impaired, disabled, or handicapped persons as a result of working with/on real or hypothetical interdisciplinary/multiagency teams. • Discuss individual case histories and program implications with other members of teams such as administrators, special educators, medical/health services personnel, school psychologists and counselors, learning disabilities specialists, parents, and other appropriate personnel.

- Interpret evaluations and programs of individuals to other professionals, lay persons, and families.
- Identify a variety of techniques, media, and aids that can be utilized to present adapted physical education programs to various publics.
- Develop an evaluative report for the administration/board, citing program strengths, weaknesses, and immediate/long range recommendations for program improvement.
- Role play a discussion with parents about a child in an adapted physical education class.

Supervisor

School administrators apply general principles of administration to a wide gamut of programs including specialized areas such as physical education for impaired, disabled, and handicapped children. For this reason, no performance goals employing special knowledge, competencies, and understandings in adpated physical education are considered appropriate or unique to the role of school administrator.

It is assumed, however, that supervisors of special subject areas such as physical education for impaired, disabled, and handicapped children need specific competencies, special skills, and additional knowledge for them to function in these roles. For example, one special function of a supervisor of adapted physical education is to interpret the nature of and need for specialized physical education programs to school and community; such a supervisor then acts as a buffer between adapted physical education specialists and general school administrators.

A supervisor's role is defined in terms of functions essential for adequate supervision of programs of adapted physical education. Students admitted to graduate professional preparation programs designed to develop specified behaviors should bring to that program the background of a specialist teacher in adapted physical education; actual work experience in specialized programs should be mandatory.

A supervisor of physical education for impaired, disabled, and handicapped persons is one who devotes all or part of his time to these functions:

- Assist in selecting and evaluating specialist teachers and enhance their professional growth.
- Develop, implement, evaluate, and coordinate programs of adapted physical education.

- Establish, guide, and interpret school/community/agency relations.

Function: Assist in selecting and evaluating specialist teachers and enhance their professional growth.

Competencies	Possible Learning Experiences
• Identify and analyze potential ability and success of teachers and aides.	• Observe and participate in personnel interviews of teacher candidates for positions in general and adapted physical education in particular. • Role play an interview of teacher candidates for various positions. • Participate in self-evaluation using approaches such as checklists, rating scales, open-ended questionnaires, anecdotal records, Q-sort techniques, personnel conferences.
• Develop and utilize criteria for evaluating teacher performance and professional growth.	• Visit a school and observe and/or discuss the teacher performance-evaluation process. • Develop a model set of criteria for teacher evaluation which includes professional growth.
• Identify and provide resources and inservice opportunities for teachers.	• Develop model formats for staff meetings, workshops, study groups, special conferences, institutes, seminars, inservice activities, orientation programs, clinics, preservice programs; plan, implement, and evaluate one or more of these programs. • Attend and evaluate an inservice meeting. • Review a variety of teaching materials and aids and compile a bibliography of supportive materials to provide teachers.

	. Compile a list of meetings, workshops, conferences, and conventions for which a supervisor might request release time for teachers; attend one or more of these meetings during a year.

Function: Develop, implement, evaluate, and coordinate programs of adapted physical education.

Competencies	Possible Learning Experiences
. Formulate program policies for impaired, disabled, and handicapped children.	. Write policy statements dealing with such issues as: Should students be required to participate in adapted physical education programs if medically excused from the regular program? Should students attending school be medically excused from physical education?
	. Review policy statements in selected publications.
. Develop, direct, and coordinate referral/evaluation/class placement processes.	. Collect and evaluate referral and evaluation forms from different sources.
	. Review, design, and use referral forms, prescription forms, medical forms, health habit questionnaires, personal data forms, individual progress charts, student evaluation forms, training records, exercise regimen forms; participate in complete referral/evaluation process.
	. Develop or revise a master schedule for maximum flexibility so as to place students in phases of restricted and unrestricted physical education programs that best meet their individual needs; consider: modular/flexible scheduling, nongraded and/or contract approaches, block/self-contained units, team teaching, flexible buildings, open classrooms/schools, optional class attendance.

	. Program, keypunch, and computer process schedules for selected impaired, disabled, and handicapped students.
. Select, design, and coordinate use of supplies, equipment, facilities, and instructional materials.	. Visit schools, clinics, hospitals, residential facilities, day care/activity/preschool centers to observe the use of physical education facilities, equipment, and supplies.
	. Formulate a list of vendors, devise order forms, and present and defend a plan for obtaining/purchasing equipment, supplies, and materials for an adapted physical education program.
. Direct and assist teachers in planning, implementing, and evaluating programs.	. Read, collect, and collate information about innovative programs and latest research findings for use in program planning.
	. Review existing curricula for adapted physical education; construct model curricula for specific situations and for individuals with certain characteristics, traits, and conditions.
	. Demonstrate skills and competencies in screening procedures and designing adapted physical education programs in classroom/laboratory and field situations.
	. Participate in program evaluation including review of periodic reports, student progress records, anecdotal records of specific successes, program changes, and innovative approaches.

Function: Establish, guide, and interpret school/community/agency relations.

Competencies	Possible Learning Experiences
. Establish lines of interagency communications.	. Propose a model for developing lines of communication with all

	groups/agencies/individuals associated with an adapted physical education program in a given setting.
	. Participate in field trips to public/private schools, hospitals, clinics, residential facilities, day care/activity/childhood centers, agencies, and state, district, and national workshops; evaluate services to determine implications for physical education programs, activities, and efforts.
	. Plan and conduct interviews with various specialists, representatives of different disciplines, and agency personnel about specific aspects of adapted physical education programs.
. Coordinate efforts of cooperating groups/individuals.	. Relate and apply materials and information from lectures, discussions, and readings to interactions with administrators, teachers, physicians, nurses, medical/health services personnel, school counselors, other supervisors, parents, students.
	. Role play situations such as round table discussions involving staff members striving to coordinate services, interactions of supervisor with parents and/or physicians, and staffing of individual students by involved specialists.
. Interpret and/or describe programs for concerned persons and groups.	. Present in written and/or oral form the place of adapted physical education in a school setting; use various media for presentation.
	. Review and develop model letters to parents and physicians regarding values of adapted physical education.

College/University Teacher

College/university teachers direct and guide learning experiences of students preparing to teach in and/or supervise physical education programs for impaired, disabled, and handicapped persons. Since college/university teachers often have responsibilities in both undergraduate and graduate professional preparation programs, an individual planning to teach at the college/university level should have broad field experiences as well as extensive academic preparation in the specialized area of adapted physical education. Experience and study in adapted physical education should be over and above a sound background and foundation in general physical education.

In general, functions of college/university teachers in this specialized area focus on tasks common to all higher education personnel especially those in professional preparation. However, these specialists for the most part direct their efforts specifically toward unique aspects of adapted physical education. Moreover, it is expected that these faculty members will recognize multiple roles of personnel involved in physical education for impaired, disabled, and handicapped persons and varied settings in which these personnel serve. In addition to assuming responsibilities for transmitting specialized information about impaired, disabled, and handicapped persons to future teachers, adapted physical education specialists, program supervisors, and to other undergraduate and graduate students, these college/university teachers often assume direct or indirect responsibility for interpreting and conducting research, and disseminating information, findings, and materials from personal investigations. The importance of this responsibility should not be minimized; utilization of research and research techniques is of paramount importance and research results should have pervasive influence in developing and modifying adapted physical education programs.

A physical educator who assumes the role of research specialist should demonstrate skills and competencies needed for investigative efforts and which are similar to those of investigators in other fields of study. Ability to examine critically current practices, to seek improved methods, and to test theories and innovative ideas through orderly investigative processes calls for rather specific understandings, skills, knowledges, and competencies.

Among skills and competencies required by a research specialist are:

- Initiate and conduct independent and cooperative applied, basic, experimental, and action research.
- Analyze, synthesize, interpret, and disseminate research findings.
- Guide students in developing research competencies and in applying research concepts.
- Stimulate, supervise, and direct student research.

Within learning experiences for each of the three major roles defined in this document are suggestions for conducting studies and for analyzing and utilizing research findings and materials. Although more investigative effort may occur in a college/university setting, this by no means minimizes the importance of specialist teachers and supervisors initiating, participating in, and utilizing research activities and efforts.

Within the college/university setting, teacher functions have been defined as follows:

- Guide students in developing basic knowledges, competencies, and understandings related to adapted physical education.
- Develop, plan, and evaluate curricula for preparing specialist teachers and/or supervisors of adapted physical education.
- Participate as a member of an interdisciplinary team involving both school and community agency efforts.

Function: Guide students in developing basic knowledges, competencies, and understandings related to adapted physical education.

Competencies	Possible Learning Experiences
. Demonstrate ability to develop and explain concepts based upon broad understanding of persons with various handicapping conditions; utilize information and theories from related fields and disciplines.	. Develop a model movement program for an individual after analyzing and synthesizing available physical, psychological, social-emotional information; utilize the inductive process. . Prepare a critical review, summary, or synthesis of information obtained from extensive reading and submit for publication.
. Provide students with opportunities to acquire knowledge and competencies related to conducting programs for impaired, disabled, and handicapped persons.	. Compile a file of resource materials, and supplies related to various handicapping conditions (i.e., filmstrips, video-tapes, library materials, recordings, periodicals, transparancies). . Video-tape a series of demonstration lessons in which a variety of methods, techniques, and procedures are used.

	. Participate in field trips to public/private schools, hospitals, clinics, residential facilities, day care/early childhood centers, agencies to observe ongoing operations of various programs.
. Involve students in a variety of independent learning experiences.	. Individualize course instruction with varied sets of materials, programmed materials, personalized examinations, contracting techniques.
	. Conduct a longitudinal study of individual or groups of students and report findings in open seminar.
. Plan, conduct, and supervise student laboratory, practicum, and field experiences.	. Develop model for or establish lines of communication with persons and institutions conducting programs in which field/practicum experiences occur.
	. Work in practicum settings assessing and developing programs.
	. Participate in seminars, workshops, institutes, conferences, inservice programs, team and differential teaching situations, clinical evaluations.
. Assess and evaluate abilities of students enrolled in professional preparation programs in adapted physical education.	. Construct, administer, evaluate, and interpret written, oral, and practical examinations of students at different educational levels.
	. Design and/or use devices such as rating scales, observation forms, attitude scales, sociometric instruments, interview techniques.
	. Use video-tapes to analyze individual teaching methods, techniques, and procedures in a variety of adapted physical education situations.

Function: Develop, plan, and evaluate curricula for preparing specialist teachers and/or supervisors of adapted physical education.

Competencies	Possible Learning Experiences
. Gather and synthesize substantive content and materials about adapted physical education.	. Review historical materials as well as those which are more recent and innovative.
	. Plan and engage in action research to stimulate development of new insights and approaches to teaching persons with various handicapping conditions.
. Formulate curricular plans for an adapted physical education program.	. Compare and contrast several approaches to curriculum development such as behavioral approach, organizing centers, content centered approach.
	. Select a curricular approach and then design a model adapted physical education program for an individual.
. Assess and evaluate adapted physical education programs in varied settings.	. Observe and analyze methods and techniques utilized by experienced teachers of adapted physical education.
	. Participate as a member of a team applying evaluative criteria to an existing program.

Function: Participate as a member of an interdisciplinary team involving both school and community agency efforts.

Competencies	Possible Learning Experiences
. Function on different types of committees with representatives from various disciplines and professions.	. Observe and serve on a curriculum committee at the public school and/or college level.

	. Visit and report on open meetings of an agency or governmental committee responsible for programing or services for impaired, disabled, and handicapped persons.
. Serve as an adapted physical education consultant to an individual or group.	. Visit, observe, and outline structure of community agencies and/or local/state affiliates of national associations serving special groups and populations.
	. Visit, observe, and critique programs at various agencies and/or institutions.
	. Serve as a resource person to and work with a group or class of impaired, disabled, and handicapped persons.
. Conduct or assist with an adapted physical education program.	. Teach an adapted physical education class or portion of a class for impaired, disabled, and handicapped students.
	. Assist in teaching or managing a class; participate as a member of a treatment or instructional team.

THERAPEUTIC RECREATION

RATIONALE

Therapeutic recreation personnel have traditionally placed major emphasis on and participated in direct care, treatment, and/or rehabilitation programs and provided services in institutional settings. Professional therapeutic recreation education has generally limited its efforts to training, leadership and supervisory personnel. Therapeutic recreation services have been basically supportive in nature and have attempted to create a therapeutic climate for individuals while providing for their leisure needs only during time of hospitalization. These trends are changing to provide more widespread service in response to expanding human needs and changing emphasis in the field of rehabilitation. Two models reflect these changing trends:

- The traditional medical model service concept is characterized by a doctor-centered, illness-oriented frame of reference. A formal psychotherapeutic clinical approach illustrates this service concept.

- The rehabilitation-education model is a current service concept characterized by a client/participant-centered, wellness-oriented frame of reference. The term education is used in a general way and includes formal, educational-pedagogical experiences as well as many life experiences with educational potential. Essentially this service concept places as much emphasis on prevention as on treatment and/or rehabilitation.

The rehabilitation-education service concept appears to be gaining acceptance as the concept of choice for developing rehabilitation-clinical services. Significant trends which reflect this movement toward the rehabilitation-education service concept include:

- Continuum care. Until recently institutionalization represented the only service available for individuals with a number of impairments, disabilities, or handicaps, most notably emotional illness and mental retardation. An increasing number of alternatives—halfway houses, hostels, group homes, foster care, sheltered workshops—are now available to provide realistic continuity between institution and community and to offer options short of full-time institutionalization. Use of therapeutic recreation as a preventive resource for individuals or groups in a community who show beginning signs of mental, physical, or social problems, as well as to promote purposeful, creative pursuits during discretionary time, illustrates a continuum of prevention, care, and rehabilitation.

- Progressive decentralization. Definite trends and patterns toward decentralization of services are closely related to a continuum care concept. Examples of these trends include new systems of

institutional organization such as unit plans, zone or regional systems of comprehensive mental health-mental retardation centers, and federally supported community service agencies such as community action programs supported by the Office of Economic Opportunity.

- Interdisciplinary relations. Implementation of continuum care and progressive decentralization approaches requires extensive cooperation and interaction among personnel representing a wide variety of disciplines. Professional personnel are finding it increasingly difficult, if not impossible, to achieve unilaterally the objective of reaching the whole individual. Examples of this are found in —

  — Institutional settings where therapeutic recreation specialists, nurses, psychologists, psychiatrists, occupational therapists, physical therapists, and other professional personnel work as a team;

  — Community settings where planners, architects, administrators, social workers, psychiatrists, therapeutic recreation specialists, and other concerned personnel interact on a regular basis;

  — Interdisciplinary efforts which involve exchanges between team members functioning at different levels on the continuum of care. This liaison relationship may be illustrated by involvement among professional specialists such as psychiatrists, social workers, community social workers, and therapeutic and/or community recreation personnel.

- Person-centered approach. Program approaches are now directed toward meeting needs of each individual. These efforts are predicated upon recognizing each participant in the rehabilitation process as capable of controlling his own destiny. Each professional's role is to assist and support the individual.

- Integration-segregation. Increasingly efforts are being directed toward integrating each impaired, disabled, and handicapped person into ongoing community programs according to his needs, interests, and functional levels--not for convenience of program or professional staff. Program efforts, including leisure counseling, directed toward transitional involvement and future integration of institutionalized program illustrate existence of this trend in therapeutic recreation service.

Conceptualization of the rehabilitation-education service model and the four illustrative trends appear to be appropriate to and consistent with goals of therapeutic recreation. In reaching these goals, within the context of the rehabilitation-education model, therapeutic recreation appears to be moving along two complementary paths:

- Therapeutic recreation process. Therapeutic recreation as a process is based upon the assumption that recreative experiences can be therapeutic for everyone. In this sense, all recreation and park

professionals have the ethical responsibility to function as effective and appropriate leaders in assisting each participant to realize this potential benefit.

- Therapeutic recreation service. Therapeutic recreation service refers to specific use of recreation experiences within the framework of an organized clinical and/or community effort directed toward individuals and groups with impairments, disabilities, or handicaps. The ultimate goal of therapeutic recreation service is to involve clients/participants in experiences in which the potential values of recreation may be utilized more effectively for personal growth and development as well as to reduce or eliminate effects of impairments.

Recreation is a necessary and essential human experience which directly contributes to the health, education, and welfare of all people. It is obvious, therefore, that therapeutic recreation programs must be started and expanded to provide these vital services for every impaired, disabled, and handicapped person. Therapeutic recreation can only help communities meet their responsibilities to all people by expanding its horizons beyond merely providing direct leadership and supervision. If therapeutic recreation is to contribute to goals of modern health, education, and welfare efforts, and to development of a positive social environment that is inclusive, sensitive, and responsive to needs of those it serves, it must be involved in community planning, development, and education. Such involvement beyond the walls of institutions broaden the scope of therapeutic recreation and make it a viable force providing needed services for impaired, disabled, and handicapped persons living in the community. Within this concept, the thrust in therapeutic recreation service is in the direction of promoting mental and physical health and positive social behavior rather than in preventing mental illness, psychosomatic conditions, and antisocial behavior—the focus is positive, not negative.

Since therapeutic recreation specialization emerged from the total field of recreation to meet needs of impaired, disabled, and handicapped persons, any guideline must recognize existence of a strong recreation curriculum as a foundation for a sound therapeutic recreation option. It is in harmony with this rationale that these guidelines for professional preparation in therapeutic recreation have been developed. As previously indicated, these guidelines focus on professional preparation programs in therapeutic recreation at the master's degree level.

IDENTIFICATION OF ROLES

The first step in developing competency-based curriculum guidelines is identification of roles and functions performed by practitioners. When roles and functions are clearly defined, descriptions of performance goals and lists of specific competencies can be prepared.

Therapeutic recreation service encompasses at least nine identifiable roles. Each of these roles requires some degree of professional preparation to assure that functions are satisfactorily performed. Roles include:

- Administrators
- Community Coordinators
- Consultants
- Educators
- Leader Assistants
- Leader Technicians
- Master Leaders
- Researchers
- Supervisors

Several functions are common to all roles performed by therapeutic recreation personnel. For this reason, it is difficult to consider separate and distinct lines of demarcation between roles. For example, a therapeutic recreation specialist whose primary role is to administer a program of services to ill and disabled persons in a community setting (administrator) might additionally conduct inservice training programs for the staff (educator), revise programs in light of applied research findings (researcher), disseminate pertinent information on therapeutic recreation to other community agencies (consultant), or perform direct face-to-face leadership activities to participants (master leader).

FUNCTIONS

Just as many roles in therapeutic recreation are interchangeable, functions performed by personnel in various roles are also interchangeable. Factors affecting flexibility of functions include:

- Agency goals and purposes
- Agency settings (see page 47)
- Relationship of agency to total community
- Size, type, and age range of population served
- Staff ratio

Examples of functions common to several or all roles include:

- Carrying out action research
- Coordinating programs
- Counseling participants and patrons
- Developing and effecting communication processes
- Evaluating programs and activities
- Setting goals
- Motivating participants
- Planning programs and activities
- Planning and effecting positive change
- Recording observations systematically
- Teaching undergraduate, graduate, or inservice classes

Functions more nearly identifiable with specific roles are outlined below:

Administrator

- Engages in personnel planning and management
- Participates in fiscal planning and management
- Develops comprehensive long range plans
- Establishes evaluative criteria and evaluates programs and activities
- Analyzes trends and determines alternative approaches to change
- Determines and adopts best possible alternatives for change

Community Coordinator

- Assesses and evaluates status of current program offerings
- Analyzes trends and determines alternative approaches for change
- Overcomes resistance to change
- Determines and adopts best possible alternatives for change

Consultant

- Observes and evaluates
- Advises on program and facility development and modification
- Disseminates information
- Educates, counsels, and refers

Educator

- Retrieves and disseminates information
- Teaches skills and processes
- Conducts research and evaluation
- Counsels, advises, and directs practicum activities

Leader Assistant

- Assists in teaching skills
- Assists in conducting diversified recreation activities
- Maintains and distributes equipment and supplies

Leader Technician

- Teaches skills and processes
- Organizes, promotes, and conducts diversified recreation activities
- Assesses and evaluates client/participant's capabilities
- Assists in rehabilitation of clients/participants
- Assists in evaluating client/participant's progress

Master Leader

- Assesses and evaluates clients/participants
- Interacts purposively with clients/participants
- Helps clients/participants move along a therapeutic continuum

Researcher

- Identifies problems
- Collects and interprets data
- Guides and assists in application of appropriate evaluative techniques and descriptive research materials

Supervisor

- Engages in personnel management
- Carries out delegated fiscal responsibilities
- Plans, coordinates, and implements programs
- Provides direct program leadership and/or helps in development of leaders
- Assesses and evaluates clients/participants

PERFORMANCE GOALS

The preceding section deals with roles and related functions in therapeutic recreation. This section is concerned with competencies, suggested learning experiences, and performance goals.

Faculty members at individual colleges and universities can establish behavioral objectives by developing measurable competencies for listed performance goals. These competencies can become criteria by which student performances are compared. In developing competency statements, faculty members should actively involve students and key staff members of field agencies where students obtain practical experience.

Operational Definitions of Behavioral Terms Used In Ascertaining Levels of Learning

Level/Type of Competency or Attitude	Definition
Proficiency	Extensive advancement or progress in attainment of a skill.
Ability/Skill	Use of facts, principles, ideas, or concepts to interpret situations and/or to solve real and hypothetical problems; perform an integrated sequence of related physical/motor actions.

Level/Type of Competency or Attitude	Definition
Understanding	Comprehension of concepts and ideas—learning basis for and the background of concept or idea; acquiring ability to substantiate or defend a concept or idea; presupposes a knowledge base.
Knowledge	Acquisition of factual information; simple recall of verbal or symbolic material.
Familarity/Awareness	Initial acquaintance with verbal or symbolic material in unit or specific lesson; both fall in cognitive domain.
Desire/Interest/ Appreciation	Conscious impulse or movement toward an objective or experience which promises enjoyment or satisfaction in its attainment; emotional sensitivity to aesthetic values; all fall in affective domain.

Behavioral terms previously identified have been divided into nine categories, each containing a list of desired competencies, learning experiences, and examples of competencies related to a specific performance goal.

Philosophy and Concepts

Competencies

- Knowledge of nature and etiology of impairments, disabilities, handicaps, illnessess, and their potential psychological, physiological, and sociological impact upon an individual's ability to engage in recreational activities.

  Examples of specific performance goals:
  - *Knowledge of and ability to interpret basic medical terminology.*
  - *Ability to evaluate extent to which an individual's impairment limits his ability to participate in specific activities.*

- Understanding of basic philosophical foundations of leisure and recreation including understanding of aims and benefits of the recreation process and special focus of therapeutic recreation.

- Proficiency in translating philosophical principles into practical therapeutic recreation services for clients/participants.

- Knowledge of current social issues, trends, and changes with an understanding of their implications for therapeutic recreation service.
- Knowledge of concepts and procedures utilized in therapeutic recreation service and related disciplines.
- Knowledge of clincial, rehabilitation, educational, and community settings in which therapeutic recreation services take place.
- Knowledge of role of play in human growth and development.

Learning Experiences Illustrated

- Debate need for therapeutic recreation services in community settings.
- Develop a rationale and plan for developing therapeutic recreation services for an agency which lacks these services.
- Establish a speakers bureau of students to speak to various community groups about values of therapeutic recreation.
- Observe and participate in discussions of local issues with policy making bodies, such as city councils, boards of directors, voluntary service organizations.

Program Development and Assessment

Competencies

- Proficiency in applying appropriate techniques in conducting activities programs.

  Examples of specific performance goals:
  - *Ability to assess interests and needs of a special population in relationship to a specific situation.*
  - *Ability to plan and direct a program to meet identified needs and interests.*
- Ability to apply basic skills in developing therapeutic recreation programs and services.
- Awareness of and ability to use new and emerging procedures, practices, and approaches applicable to clients/participants.

- Ability to adapt recreational opportunities to needs of special populations.

- Ability to assess or measure evidences of clients/participants recreational literacy, functional ability, and development on a continuing basis in relationship to achieving specific therapeutic goals such as social relationships, skill development, self-image.

- Skill in carrying out necessary procedures to assess or evaluate effectiveness of a program or specific activities.

- Knowledge of an ability to use and interpret standardized performance measurements; ability to develop self-prepared measurement procedures.

Learning Experiences Illustrated

- Describe a specific therapeutic recreation intervention for a hypothetical disabled person.

- Design and complete a survey to determine interests and needs of clients/participants in a specific area; prepare a survey to determine available agency resources in the area.

Therapeutic Recreation Education Development

Competencies

- Knowledge of and ability to use effectively basic learning theories and practices in formal and/or continuing education programs.

  Examples of specific performance goals:
  - *Ability to establish rationale, content, and methodology for a specific course in therapeutic recreation.*
  - *Ability to perform effectively in a teaching setting with appropriate supervision.*

- Proficiency in effectively translating concepts and theories to functional therapeutic recreation programs in a variety of institutional and community settings.

- Understanding of inherent value of practicum experiences, and ability to utilize these experiences effectively as a basic component of formal educational programs.

- Ability to implement progressive curriculum development concepts and methods in formal and informal educational programs.

- Ability to identify, retrieve, organize, and synthesize related resource materials to keep abreast of developments in the field.

Learning Experiences Illustrated

- Assist faculty in teaching units and/or courses in existing curriculum.
- Develop a therapeutic recreation curriculum for a community college.
- Visit and observe in a variety of institutional and community settings.

Community Organization and Change Enabling Activities

Competencies

- Understanding of role and interrelationships of disciplines, services, agencies, and institutions in the community.

  Examples of specific performance goals:
  - *Ability to identify unique roles and functions of various human service agencies in a community.*
  - *Ability to determine and interpret relationship of therapeutic recreation services to roles and functions of various identified agencies.*

- Ability to foster interagency relationships and cooperative endeavors to help provide comprehensive recreational services for special populations.
- Ability to identify current local, state, and national issues and trends, and to revise or initiate therapeutic recreation service as necessary to reflect changing priorities.
- Ability to evaluate and influence community leaders and the general public so as to gain acceptance and support for therapeutic recreation services.
- Ability to assess state and local needs of special populations in relation to availability of services to achieve unmet needs.

Learning Experiences Illustrated

- Acquire practical experiences in selected human service agencies.
- Analyze, evaluate, and critique recreation's role in selected human service agencies.
- Role play a hypothetical initial meeting involving various human service agencies called to establish and coordinate recreation, health, social services for a special population.

Administration and Supervision

Competencies

- Knowledge of and ability to apply administrative and supervisory principles, practices, and procedures.

  Examples of specific performance goals:
  - *Knowledge of administrative concepts relating to authority-responsibility; accountability; staff and line relationships; management styles.*
  - *Ability to develop a performance budget or other types of budget appropriate to given situations.*

- Knowledge of and ability to apply techniques used in program planning, scheduling, coordination, and evaluation.

- Knowledge and understanding of organizational structure, its development and purpose.

- Ability to apply basic principles of personnel management.

- Understanding of interrelationships of disciplines, services, agencies, and institutions which serve clients/participants.

- Knowledge of and ability to apply appropriate concepts relating to public relations, fund raising activities, and proposal writing.

- Knowledge of processes of comprehensive long range planning.

- Ability to apply methods and practices designed to integrate recreation service with other community and/or agency services.

- Understanding of role of administrator in planning, construction, renovation, and maintenance of recreation areas and facilities; ability to implement procedures to eliminate architectural barriers.

- Ability to apply basic learning theories and practices in organizing inservice training and community education activities.

Learning Experiences Illustrated

- Utilize role playing techniques to simulate administrators and supervisors operating in a variety of clinical and community settings.

- Gain an understanding of interrelationship of disciplines, services, and agencies by participating in guided observational visits and by listening to guest lectures made by members of agency staffs.

- Relate and apply lectures, discussions, and readings to solving actual or simulated administrative/supervisory problems in agencies.

Consultation

Competencies

- Understanding of roles, functions, techniques, and procedures of consultation in therapeutic recreation.

  Examples of specific performance goals:
  - *Ability to assess needs of an agency/institution and to advise and suggest available resources or appropriate action.*
  - *Proficiency in use of appropriate tools in evaluating programs and for measuring client/participant performances.*

- Ability to provide consultation services to agencies and institutions initiating or providing therapeutic recreation services.

Learning Experiences Illustrated

- Role play initial interview between therapeutic recreation supervisor and agency administrator.
- Analyze, evaluate, and critique existing programs in a variety of agencies and community settings.
- Use simulation games to resolve conflicts.

Counseling

Competencies

- Knowledge of and proficiency in applying principles of guidance and counseling.

  Example of specific performance goals:
  - *Ability to conduct an initial counseling interview.*

- Knowledge of and ability to relate to community, institutional, and agency resources and services appropriate to client/participant recreational and leisure needs and goals.
- Skill in referring client/participant, his family and associates to services and disciplines appropriate to their specific recreational and leisure needs.

Learning Experiences Illustrated

- Participate in appropriate practicum experience and observe counselors in clinical/agency settings.
- Participate in classroom role playing activities.

Interpersonal Relationships, Group Dynamics, and Communication

Competencies

- Skill in working with people in individual and group situations.

  Examples of specific performance goals:
  - *Ability to perform effectively in teaching an individual skill, for example working with severely or profoundly retarded individuals.*
  - *Ability to motivate and maintain effective interaction among members of a group.*

- Proficiency in using group processes, methods of informal education, and advanced leadership techniques.
- Ability to use oral, written, graphic, audiovisual, or other techniques to interpret therapeutic recreation to clients/participants, colleagues, and the general public.
- Knowledge of principles and practices for establishing and maintaining communication systems to improve programs, staff morale, client/participant involvement, and public acceptance of therapeutic recreation.

Learning Experiences Illustrated

- Work in different capacities with individuals and diverse groups at direct program levels.
- Participate as member or leader in different groups of professionals, paraprofessionals, volunteers, parents, and/or the general public as well as with consumer groups.
- Conduct staff meetings, conferences, pre-service and orientation activities, along with inservice programs and other leadership development projects.
- Develop and present a television program or audiovisual presentation to justify the addition of therapeutic recreation services to a local community recreation program.
- Simulate or role play a presentation complete with audiovisual documentation for facility administration, city

council, county board, or similar governing body to expand an existing therapeutic recreation program.

- Obtain and use information and materials from existing collection/retrieval dissemination centers, systems, and networks for introducing new activities, enriching an existing program, or meeting special needs of certain clients/participants.

- Develop newsletters, staff memoranda, journal and newspaper articles about program, participants, and staff.

Research, Evaluation, and Dissemination

Competencies

- Knowledge of principles of scientific investigation.

  Example of specific performance goals:
  - *Ability to identify basic methodologies of social research such as experimental, historical, descriptive, philosophical, content-analysis, and case study.*

- Ability to use methods and techniques generally accepted as part of the research process.

- Proficiency in analyzing, evaluating, interpreting, and applying research data appropriately.

- Ability to collect, store, retrieve, interpret, apply, and disseminate research findings through written, oral, and graphic presentations.

Learning Experiences Illustrated

- Analyze, evaluate, and critique research reported in the literature.

- Assist agencies/institutions in preparing evaluative instruments and in evaluating their programs.

In addition to developing competencies and achieving performance goals discussed above, it is imperative that all program efforts be directed toward developing within each student a desire to contribute to professional progress by:

- Holding active membership in local, state, regional, and national professional associations and societies.

- Participating actively and assuming leadership roles in professional and educational workshops, conferences, seminars, and meetings at local, state, regional, and national levels.

- Contributing to existing knowledge and literature of the profession.
- Becoming eligible for registration at highest possible level under Voluntary Registration System of the National Therapeutic Recreation Society.
- Seeking to upgrade professional service whenever possible through use of recommended standards, guidelines, and practices.
- Encouraging others to enter the field.
- Accepting elected and appointed positions of leadership and responsibility within the profession.

LEARNING EXPERIENCES, RESOURCES, AND ASSESSMENT

Learning experiences and resources described below are important if students are to acquire competencies and attain performance goals discussed in the previous section. Assessment is a process to determine the extent or degree to which these competencies and goals have been attained.

LEARNING EXPERIENCES

Within these guidelines, educational experiences are considered to include all learning opportunities for entry level through doctoral and post-doctoral programs. These educational experiences include informal-nonacademic activities such as institutes, workshops, clinics, volunteer training, seminars, professional meetings, short courses, and on the job training, and formal, structured, academic curricula and activities such as organized class and course activities, independent study, and research opportunities. Increasingly practicum activities and experiences are receiving more attention and greater emphasis in programs regardless of role or level for which each is designed. Since informal-nonacademic activities and formal, structured academic curricula and activities in therapeutic recreation differ little from similar activities and approaches in other curriculum areas, they are not dealt with in depth in these guidelines. However, because of its nature, importance, and continuing emphasis upon practical experience and field work, principles for organizing and administering practicum experiences are included in depth.

Numerous terms—field work, practicum, clinical affiliation, professional laboratory experiences, internship—are utilized in varying degrees to describe practical learning experiences offered in professional preparation programs in therapeutic recreation. The term practicum is used to describe a continuum of practical learning experiences in this aspect of the curriculum.

Practicum experiences involve student participation in a wide variety of nonclassroom programs and activities planned and supervised by qualified agency or institutional personnel. To have more than minimal value, these learning experiences must be developed and implemented as an integral part of a total curriculum. As a human services field, therapeutic recreation has no alternative but to include an extensive segment of direct interpersonal involvement at operational levels as part of basic curricular learning experiences.

Functions and Purposes of Practicum Experiences

Programs with well-conceived and developed practicum opportunities contribute to students, institutions, agencies, and communities alike. Representative of functions and purposes of practicum experiences are:

- Provide students with opportunities to field test theories, concepts, and philosophies developed and/or acquired through classroom experiences.
- Provide students with opportunities to field test skills and competencies in leadership, supervision, administration, and consultation.
- Provide students with appropriate environments in which to experiment with alternative solutions to various problems and issues.
- Provide each student with opportunities to determine appropriateness of therapeutic recreation for him as a career.
- Provide students with opportunities to evaluate their own skills in interpersonal relations, personal fulfillment, and growth.
- Offer students a continuum of supervised experiences ranging from observation to full employment.
- Provide academic institutions and community agencies with mutual opportunities to evaluate each student in terms of his appropriateness for the profession.
- Provide academic institutions with opportunities to evaluate effectiveness and relevance of their curricula in terms of needs of personnel in the field.
- Provide practicum site staffs with opportunities to evaluate effectiveness of their programs in terms of student involvement.

Responsibilities of Agencies, Academic Institutions, and Students for Practicum Experiences

Organizing, administering, supervising, and evaluating effective practicum experiences can represent the epitome in interdisciplinary cooperation and multiagency teamwork. Each agency, academic institution, and student has certain obligations and responsibilities that have to be accepted and fulfilled for high quality practicum experiences to result.

Agencies/Academic Institutions

Community agencies and academic institutions have joint responsibilities for each student's practicum experiences. Although extent and degree of these responsibilities vary from situation to situation and at different times during a student's practicum experiences, responsibilities of agencies and academic institutions are similar and include:

- Provide fully qualified supervisors for all students.
- Make available to students full resources of the agency/institution.
- Integrate students at all appropriate levels as full-time functioning participants in agency/institution activities, projects, and programs.
- Evaluate students as potential full-time professionals in therapeutic recreation.

Students

Practicum opportunities are designed to provide students with practical experiences to prepare them for situations and circumstances as they are in the real world. Students, therefore, have to accept certain responsibilities related to their involvement and participation in practicum experiences:

- Accept a responsible role and adhere to agency/institution rules and regulations.
- Become an integral and participating member of the community served by the agency/institution to which he is assigned.

Guidelines for Selecting Practicum Sites

Careful consideration has to be given the program, staff, supervisors, and the agency itself during the selection process for practicum sites. Specific criteria and objective assessments need to be applied to each agency so students can have benefit of appropriate and effective practicum sites. The following guidelines are presented to assist in this process.

Program

Existing therapeutic recreation programs at agency/institution need to:

- Assist in determining treatment objectives for each client/participant or group.
- Define and develop appropriate recreation activities to meet treatment objectives.
- Indicate how assignments are made to fit individual and group needs as defined by treatment objectives.
- Encompass a broad range of recreation opportunities.

Staff—General Program

Therapeutic recreation programs need to be directed by and staffed with competent professional leadership; programs need to:

- Have directors who are eligible for registration under the Voluntary Registration System of the National Therapeutic Recreation Society at a level no lower than that of Therapeutic Recreation Worker, and preferably at the Specialist level.
- Employ full-time personnel with at least a master's degree who are eligible for registration at the Therapeutic Recreation Specialist level as defined by the National Therapeutic Recreation Society when they have major responsibilities in therapeutic recreation.
- Hire aide personnel who qualify at Therapeutic Recreation Assistant and Therapeutic Recreation Technician levels as defined by the National Therapeutic Recreation Society.

Site Supervisors

A suitably qualified staff person is needed to supervise and direct clinical training programs for students. Specific time should be allotted for planning and directing the training program, including supervising students through observations, supervisory conferences and evaluations, counseling, and supervising staff members who assume leadership responsibilities in working directly with students.

Facilities

A practicum site needs to:

- Have suitable activity areas and equipment available for recreation programs appropriate to the agencies goals, objectives, and needs.

- Have access to appropriate sources of clinical information such as medical records and professional library materials; opportunities to communicate with all individuals and agencies providing services to clients/participants should be available to staff and students.

General Program

In carrying out its functions, an agency needs to:

- Offer training programs in a variety of disciplines. The regular professional recreation staff should contribute to and be involved in training students of other disciplines. Where interdisciplinary training programs are conducted, recreation students need opportunities to participate in activities involving other disciplines.

- Maintain useful and effective community relationships. Students need to become acquainted with functions of community groups associated with the agency and roles they play.

- Provide continuous professional growth for all staff members through planned, ongoing training programs that include seminars, reading groups, and other formal educational opportunities.

Agencies and Institutions to be Considered for Practicum Sites

Below is a list of organizations that should be considered as possible sites for practicum experiences.

Acute and chronic disease hospitals
Alcoholic rehabilitation centers
Clinics
Community based recreation centers
Community mental health centers
Community volunteer coordination agencies
Comprehensive mental health-mental retardation centers
Correctional institutions
Day care centers and regional facilities
Developmental centers
Extended care facilities
Halfway houses, hostels, and group homes
Homes for the aged
Hospitals, pediatric units, and other medical facilities
Intermediate care facilities
Narcotic treatment centers
Neuro-psychiatric facilities
Nursing homes
Private voluntary health agencies
Public recreation agencies at levels of government
Rehabilitation centers
Residential and day camps
Settlement houses
Sheltered workshops
Special recreation centers for the handicapped
Special schools, i.e., mentally retarded, blind, deaf
Youth serving agencies and organizations

RESOURCES

As used in this document, the term resources refers to the entire range of human and physical resources needed to conduct sound professional preparation programs in therapeutic recreation. Such items as faculty and staff, institutional facilities—library, computer services, research areas—equipment and supplies, and community resources for field experiences and practicum sites are important components of a professional preparation program. For purposes of this document, it is assumed that any program to prepare therapeutic recreation service personnel is an integral part of a broader-based ongoing program of recreation education. Therefore, only resources related specifically to therapeutic recreation programs are discussed. The reader should consult current proposed standards and approved criteria for general recreation resources contained in the National Recreation Accreditation Project report. Other valuable resources to consult include *Professional Preparation in Health Education, Physical Education, Recreation Education* (AAHPER, 1962); *Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education, and Dance* (AAHPER, 1967); and, *Self-Evaluation Check List for Graduate Programs in Health Education, Physical Education, Recreation Education, Safety Education, and Dance* (AAHPER, 1967).

Faculty

Academic, professional, and personal qualifications for therapeutic recreation faculty members are similar to and in accord with standards required in other teaching areas of a college/university. The following factors need special emphasis:

- Assign as coordinator and full-time faculty to therapeutic recreation area, option, or specialization, persons eligible for registration at the Specialist or Master Specialist level with the National Therapeutic Recreation Society Voluntary Registration Program.
- Strive to have any faculty person responsible for teaching or imparting knowledge specifically in the therapeutic recreation area eligible for registration with the National Therapeutic Recreation Society.
- Utilize a qualified interdisciplinary staff to ensure that students acquire knowledge, skills, and competencies necessary to assume roles as therapeutic recreation service workers.
- Have available and use appropriate off-campus resources if unable to provide suitable on-campus instruction leading to acquisition of knowledge, skills, and competencies in therapeutic recreation.

Institutional

Any college/university offering a professional preparation program in therapeutic recreation should provide appropriate areas, facilities, equipment, institutional materials, and research facilities needed to conduct sound professional programs to prepare students for careers in therapeutic recreation.

Community

A community should provide sufficient and diversified resources so students can have ample opportunities to observe programs, obtain field experiences, participate in practicum activities, and be involved in research projects. See page 47 for a partial list of types of community agencies that can provide these kinds of experiences and opportunities.

Student

The following are factors to consider at all levels when accepting prospective students into professional preparation programs in therapeutic recreation:

- Informal educational experiences including workshops, clinics, institutes, inservice training.
- Ability to work effectively with people as determined by one or more of the following—personal interviews; letters of recommendation; practical demonstration of skills.
- Previous academic work including major field of study.
- Previous work experience including volunteer service.
- Stated interests and career goals.

ASSESSMENT

Techniques and objectives used to assess competencies of students are similar to those used in evaluating educational programs and performance in any human service curriculum. Evaluation of student performance is based on expected outcomes as reflected by stated performance goals, behavioral objectives, and competencies. Without academic staff commitment to the development of specific competencies in relation to performance goals and behavioral objectives, assessment of student performances is difficult. Assessment, as a process, involves both students and faculty effectiveness. In addition to usual assessment methodologies of oral and written reports and examinations, modern technology can be used in an effective evaluative process. All media, including films, loop-

films, video-tapes, slides, filmstrips, charts, diagrams, graphs, and solving, role playing, hypothetical situations, and case studies, can all be useful and effective in evaluating student, faculty member, or a program. A variety of standard and individually devised rating scales, sociometric devices, observation charts, projective techniques, and checklists also can be incorporated into the evaluation process. Informal observation of students in practical situations can indicate much about how individual students use and apply information and research results in performing duties and carrying out responsibilities.

Other specific techniques which are valuable include:

- Student self-assessment based on a contract developed between a student and a faculty member.
- Student assessment by peers.
- Utilization of linkage courses bringing together students from diverse fields to let them share and assess their experiences.

SELECTED REFERENCES

Sources listed represent books, pamphlets, articles, and other printed materials used by participants in various stages of the project from which these guidelines developed. This listing is not intended primarily as a bibliographic source for the reader, but rather to indicate other diverse sources from which materials for the project were obtained. While a great deal of additional, helpful, and valuable information can be found in these sources, readers are encouraged to review materials and gather data dealing with professional preparation in general and adapted physical education and therapeutic recreation in particular from groups and agencies such as:

American Association for Health, Physical Education, and Recreation, Unit on Programs for the Handicapped, 1201 Sixteenth Street, N.W., Washington, D.C., 20036

American Corrective Therapy Association, 6817 Bosque Boulevard, Waco, Texas, 76710

Bureau of Education for the Handicapped, Department of Health, Education, and Welfare, 7th and D Streets, S.W., Washington, D.C., 20202

Council for Exceptional Children, 1411 Jefferson Davis Highway, Arlington, Virginia, 22202

ERIC Clearinghouse on Teacher Education, One Dupont Circle, N.W., Washington, D.C., 20036

National Therapeutic Recreation Society, 1601 North Kent Street, Arlington, Virginia, 22209

Application for Examination for Certificate in Corrective Therapy. American Corrective Therapy Association, Inc., undated. Obtain from Executive Secretary, 6817 Bosque Boulevard, Waco, Texas, 76710.

Appraisal Guide for Professional Preparation in Health Education. Washington, D.C.: American Association for Health, Physical Education, and Recreation (1201 Sixteenth Street, N.W.), 1967. 28 pp.

Certificates for Teaching Service. Albany, N.Y.: The University of the State of New York, The State Education Department, January 1968. "Validation of Certificate for Teaching Other Subjects," pp. 9-11.

"Commonalities in Training Programs for Supportive Personnel." Barbara A. Killen, Susan E. Jones, and Adell Johannes. Journal of American Physical Therapy Association 48:11; 1289-1293; November 1968.

Developing Guidelines in Teacher Education: The Role of Professional Associations and Learned Societies in the Process of Accreditation in Teacher Education. Washington, D.C.: Associated Organizations for Teacher Education (One Dupont Circle, N.W.), 1969.

"Development of Personnel Standards in Therapeutic Recreation." William A. Hillman, Jr. Therapeutic Recreation Journal II:4; 20-22; Fourth Quarter, 1968.

Educating Tomorrow's Leaders in Parks, Recreation and Conservation--Synopsis of 1968 National Forum. Arlington, Va.: National Recreation and Park Association (1601 North Kent Street).

The Effect of Differences in Curricula and Experiences on Social Work Student Attitudes and Knowledge About Mental Retardation. Michael J. Begab. Doctoral dissertation. Washington, D.C.: Catholic University, 1968. Available through National Institute of Child Health and Human Development, Department of Health, Education, and Welfare.

"Expanding Adapted Physical Education on a Statewide Basis." Michael Flanagan. Journal of Health, Physical Education, Recreation 40: 5[illegible] May 1969.

"Future--Planning and the Curriculum." Harold G. Shane and June Grant Shane. Phi Delta Kappan. 373-377; March 1968.

A Guideline for Adapted Physical Education. St. Paul: Minnesota State Department of Education, 1970.

Guidelines for Adapted Physical Education. Harrisburg: Pennsylvania State Department of Public Instruction, 1966.

Graduate Education in Health Education, Physical Education, Recreation Education, Safety Education, and Dance. Washington, D.C.: American Association for Health, Physical Education, and Recreation (1201 Sixteenth Street, N.W.), 1967. 96 pp.

"The Handicapped Child: Therapeutic Recreation Service Needs in Program, Manpower and Research." John A. Nesbitt. Therapeutic Recreation Journal IV:2: 41; Second Quarter, 1970.

"The Impact of the RSA Recreation Trainee Program, 1963-1968." H. Douglass Sessoms. Therapeutic Recreation Journal IV:1: 23; First Quarter, 1970.

Instruction of Physically Handicapped Minors in Remedial Physical Education. Sacramento: California State Department of Education, 1969.

An Investigation Into the Significance of Recreation for the Educable Mentally Retarded. Tony Masters. Master's thesis. Laramie: University of Wyoming, August 1968.

Leisure Services: Selected Surveys of Services for Special Groups. Eugene: Project EXTEND-ED, University of Oregon, July 1970.

"Needed: 18,000 Therapeutic Recreation Service Personnel by 1980." Peter J. Verhoven. Therapeutic Recreation Journal III:1: 4-7; First Quarter, 1969.

"New Dimensions for the Athletic Training Profession: A Curriculum for Athletic Trainers." Walter C. Schwank and Sayers J. Miller. Journal of Health, Physical Education, Recreation, September 1971.

Physical Education and Recreation for Handicapped Children: Proceedings of A Study Conference on Research and Demonstration Needs. American Association for Health, Physical Education, and Recreation and National Recreation and Park Association, September 1969. "Recruitment and Training," pp. 70-72.

Preparing the Health Teacher. Washington, D.C.: American Association for Health, Physical Education, and Recreation (1201 Sixteenth Street, N.W.), 1961. 71 pp.

Professional Preparation of the Elementary School Physical Education Teacher. Washington, D.C.: American Association for Health, Physical Education, and Recreation (1201 Sixteenth Street, N.W.), 1969. 24 pp.

Professional Preparation in Health Education, Physical Education, Recreation Education. Washington, D.C.: American Association for Health, Physical Education, and Recreation (1201 Sixteenth Street, N.W.), 1962. 166 pp.

"Professional Preparation in Physical Education and Recreation for the Mentally Retarded." Julian U. Stein. Education and Training of the Mentally Retarded. 101-108; October 1969.

Programing for the Mentally Retarded: Report of a National Conference. Washington, D.C.: American Association for Health, Physical Education, and Recreation (1201 Sixteenth Street, N.W.), 1968. "Professional Preparation," pp. 124-128.

"Project EXTEND-ED--A Curriculum Model for Therapeutic Recreation Service to Handicapped Youth." Larry L. Neal. Therapeutic Recreation Journal IV:2: 41; Second Quarter, 1970.

Recommended Minimum Standards for Approved Clinical Training Affiliations. American Corrective Therapy Association, Inc., undated. Obtain from Executive Secretary, 6817 Bosque Boulevard, Waco, Texas, 76710.

Recommended Standards for Teacher Education. Washington, D.C.: American Association of Colleges for Teacher Education (One Dupont Circle, N.W.), March 1970.

Recreation Program Leadership: A Suggested Two-Year Post High School Curriculum. Office of Education, U.S. Department of Health, Education, and Welfare, 1969. Washington, D.C.: Government Printing Office.

Recreation in Treatment Centers, Volume IV. Arlington, Va.: American Recreation Society (now National Recreation and Park Association), September 1965. "Field Work Placement: An Overview," pp. 38-43.

"Relative Importance of College Courses in Therapeutic Recreation." Donald Lindley. Therapeutic Recreation Journal IV:2: 8; Second Quarter, 1970.

Self-Evaluation Checklist for Graduate Programs in Health Education, Physical Education, Recreation Education, Safety Education, and Dance. Washington, D.C.: American Association for Health, Physical Education, and Recreation (1201 Sixteenth Street, N.W.), 1969. 24 pp.

The Status of Municipal Recreation for the Mentally Retarded. Catherine Andres. Master's thesis. Minneapolis: University of Minnesota, 1967.

"The Status of Professional Preparation in Adapted Physical Education." Walter F. Ersing and Ruth Wheeler. American Corrective Therapy Journal, July-August 1971.

A Study of Current Recreation Internship and Field Training Programs at Selected Educational Institutions and Public Agencies. Maxwell R. Garret. Champaign-Urbana, Ill.: Department of Recreation and Park Administration, 1968.

Study of the Status of Adapted Physical Education Programs for Girls in California Public High Schools-1969. Nancy L. Steele. Master's thesis. San Jose, Calif.: San Jose State College, August 1969.

Therapeutic Recreation Curriculum Development. Maxwell R. Garret. New York: Comeback, Inc., 1961.

"Therapeutic Recreation Education: 1969 Survey." Thomas A. Stein. Therapeutic Recreation Journal IV:2: 4; Second Quarter, 1970.

"Therapeutic Recreation Personnel Development: NTRS Conference Proceedings." Part I. Therapeutic Recreation Journal II:4: Fourth Quarter, 1968.

"Teacher Education Standards in Review--The Old and the New." Bulletin (American Association of Colleges for Teacher Education), Special Supplement, March-April, 1970.

"The Teacher of Individually Prescribed Instruction in Perceptual Motor Development." David Auxter. Journal of Health, Physical Education, Recreation, June 1971.

"Therapeutic Recreation Curricula: Colleges and Universities." Compiled by David C. Park and William A. Hillman, Jr. Therapeutic Recreation Journal IV:2: 13; Second Quarter, 1970.

"They'll Never Stop Learning." Arlene Silverman. Readers Digest, July 1970.

Visually Handicapped Workers in Recreation Services. New York: American Foundation for the Blind (15 West 16th Street), June 1969.

APPENDIX A

BEHAVIORAL PERFORMANCE WORDS

Throughout these guidelines suggested or illustrative learning experiences are discussed in terms of general performance goals that can be translated into specific behavioral objectives. Basic to this approach is development of goals and objectives that can be assessed according to the extent or degree which students attain specific competencies—knowledge, attitudes, appreciations, understandings, skills, and proficiencies. Since action and activity by students are emphasized throughout these guidelines, this listing of behavioral performance words is provided to assist readers develop behavioral objectives to attain stated and related performance goals.

Accept - receive; tolerate; agree
Achieve - attain
Analyze - scrutinize; discuss
Appraise - evaluate; estimate
Appreciate - recognize; grasp; understand
Attain - achieve; reach
Avoid - shun; evade; void; annul; disqualify
Aware - inform

Build - construct; erect; establish; create

Categorize - classify
Chance - alter; vary; substitute
Choose - select
Classify - arrange
Communicate - impart; disclose; reveal
Compare - to liken
Complete - accomplish; conclude
Compute - calculate; estimate
Construct - build; devise
Control - restrain; direct; rule
Critique - examine; discriminate

Define - prescribe; limit; explain; describe
Demonstrate - prove; point out; indicate; show
Describe - relate; explain; depict; outline
Design - outline; invent; devise; project; plan; intend
Designate - show; name; characterize
Detect - discover; perceive; apprehend
Develop - advance; expand; disclose
Discover - ascertain; solve; find; disclose
Discriminate - distinguish
Discuss - debate; argue; talk
Display - show; exhibit; view
Draw - deduce; derive; compose; draft; sketch; haul; pull

Employ - use; occupy
Enable - furnish
Establish - set; fix; found; institute; settle; prove; confirm
Evaluate - assess; appraise; estimate
Exhibit - show; view; display

Give - bestow; deliver; devote; present; offer; allott; assign
Grant - give; bestow; confer
Guide - advise; counsel; direct

Identify - associate
Illustrate - exemplify; interpret; represent
Implement - fulfill
Improve - better; correct
Incorporate - unite; join; associate
Indicate - show; signify

Justify - vindicate; prove

Label - affix
Limit - restrict
List - record; arrange

Maintain - hold; sustain; support
Make - produce; create; compel
Match - complement; combine
Measure - compute; reckon; ascertain; estimate; judge
Meet - fulfill; encounter; assemble; satisfy
Modify - alter; vary; change; reduce; limit
Motivate - prompt; incite

Name - choose; nominate; identify

Operate - act; function
Outline - plan; sketch; describe

Perform - do; fulfill
Plan - scheme
Practice - drill; accomplish
Produce - make; cause; create
Provide - furnish; supply; prepare

Rank - arrange
Realize - understand; grasp; comprehend
Recognize - identify; remember; approve; authorize
Refine - educate
Reinforce - strengthen; fortify
Relate - associate; connect; pertain
Represent - imitate; exhibit; denote
Respect - concern
Revise - amend; alter; correct
Rewrite - edit

Select - choose
Show - display; exhibit; present; demonstrate
Solve - clear up; unravel
Specify - mention; name; designate
State - declare; inform
Stimulate - stir; excite; arouse
Suggest - propose
Synthesize - combine

Translate - interpret; transfer; remove

Understand - comprehend; appreciate; learn; interpret
Utilize - use; employ

Write - communicate; disclose; compose

APPENDIX B

AMERICAN CORRECTIVE THERAPY ASSOCIATION, INC.
PROFESSIONAL PREPARATION FOR CAREERS IN CORRECTIVE THERAPY[1]

Candidates desiring to prepare for specialization in corrective therapy and/or adapted physical education should select a four year accredited educational institution which offers a recognized major curriculum in physical education leading to the baccalaureate degree. It is impossible to complete the four year major curriculum plus specialization in the time available, since the requirements for the major in physical education, educational and institutional requisites demand so many courses for graduation.

Therefore, following the undergraduate program, it is imperative that the candidate enroll for a fifth year of graduate study, either at the same school or where specialization in corrective therapy is available. During this period the student is able to complete the specified didactic courses and clinical or field experiences of 400 hours, where the institution has an acceptable hospital affiliation which is approved by the American Corrective Therapy Association, Inc.

Didactic curriculum and academic categories, with asterisks indicating required courses.

APPLIED SCIENCES (12-18 Semester Units or 18-27 Quarter Credits)

*Anatomy
*Kinesiology
*Physiology
*Physiology of Exercise
Growth and Development
Neuroanatomy
Neurology
Pathology

HEALTH AND PHYSICAL EDUCATION (16-24 Semester Units or 24-36 Quarter Credits)

*Analysis of Human Movement
*Health Education and Problems
*Principles of Health and Physical Education
*Physical and Mental Habilitation

---

[1] Professional Field of Corrective Therapy and Adapted Physical Education. American Corrective Therapy Association, Inc., 1970.

*Tests and Measurements
Evaluation of Health and Physical Education
Research in Health and Physical Education
Skills and Applied Techniques

PSYCHOLOGY (6-12 Semester Units or 9-18 Quarter Credits)

*General Psychology
*Abnormal Psychology
*Physiological Psychology
Developmental Psychology
Mental Health
Psychotherapy
Social Psychology

CORRECTIVE THERAPY AND ADAPTED PHYSICAL EDUCATION (8-14 Semester Units or 12-21 Quarter Credits)

*Physical Education for the Atypical
*Organization and Administration Corrective Therapy
*Kinesiotherapy
Recreation in Rehabilitation
Intertherapy Relations
Evaluation and Research Applied to Corrective and Adapted Programs

All candiates for Certification in Corrective Therapy must show evidence of completing a minimum of 400 hours of clinical internship. Such experience must be upon referral of a physician, under the supervision of a certified corrective therapist. Credit for a maximum of 160 hours of the 400 may be allowed for on-the-job experience or student teaching in the field. Candidates must be active members of American Corrective Therapy Association, Inc. to apply for the Certification Examination.

APPENDIX C

RECOMMENDED MINIMAL STANDARDS FOR APPROVED
CLINICAL TRAINING AFFILIATIONS IN CORRECTIVE THERAPY[1]

PURPOSE

To provide hospital and school affiliated experiences for the trainee in corrective therapy and/or adapted physical education which are adequate to supplement his prior or concurrent didactic instruction within the educational institution.

TYPES OF TRAINING

Lectures - theory, ethics, orientation, disability discussion
Medical prescriptions and terminology
Treatment demonstration - techniques, modalities, equipment
Professional meetings and consultation
Observation of treatment and its organization
Supervised clinical practice - corrective, developmental, habilitative
Administration - treatment planning, recording, progression, reporting, clinic management
Laboratory and research experience

MINIMAL TRAINING REQUIREMENTS IN SPECIFIC AREAS (at least 400 hours)

Introduction - 20 hours

Orientation - hospital or school, nursing service, medical guidance, vocational and social services, special application to the physically handicapped or retarded child
Functions of Physical Medicine and Rehabilitation or Health Department services
History, philosophy and scope of corrective therapy and adapted physical education
Mission of corrective programs concerned - areas and disabilities served, coordination with other health services, immediate and long range goals
Administrative procedures, ethics and professional advancement

Orthopedics - 60 hours

Diagnoses and disabilities - applicable to all areas
Evaluation of strength, endurance, contraindications, range of motion (ROM)
Exercise routines - active, selected muscle setting, progressive resistance (PRE), postural, isotonic and isometric, practice in affected activities of daily living (ADL)

---

[1]American Corrective Therapy Association, Inc.

Ambulation techniques - non-weight bearing, partial to full weight-bearing, use of prostheses, crutches, canes and walkers
Proper body mechanics - safe, effective lifting and handling of patients or other loads
Bracing - corrective, supportive, functional

Neurological - 60 hours

Evaluation of paralysis, spasticity, ROM, coordination, ADL, skills, work and pain tolerance
Exercise - passive, assistive, active, reciprocal, stretching, relaxing, toning and PRE
Bracing - body jackets and supports, full-length leg braces, below-knee bracing
Ambulation or other locomotion - use of wheelchair, balance and weight bearing, walking aids
ADL training, with adapted devices if needed - mobility, dressing, feeding, hygiene, transfer activities

Neuro-Psychiatric - 60 hours

Diagnoses and symptoms - psychosis, psychoneurosis, psychosomatic and personality disorders
Evaluation of behavior patterns, individual or group, and attitudes toward self, instructor and activity
Treatment objectives - acceptable expression of aggressions, relief of guilt feelings, narcissistic gratification, arousal of interest, resocialization and physical conditioning
Treatment activities - individual and group prescription, purposeful exercise, rhythms, games and sports, drama, arts and other socially acceptable action
Role of therapist in observing symptoms and results - levels of achievement, motivation, adaptability to readjustment, socialization progress and physical well-being

General Rehabilitation - 60 hours

Paraplegia and quadriplegia - passive to active exercise, stretching, PRE, mat program, ROM, relaxing spasticity, bracing, ADL training
Amputees - stump shaping and conditioning, prosthesis fitting, ambulation and gait training for lower-extremity amputation, muscle control and ADL function for upper-extremity amputation, care, and adjustment of prostheses
Cardiac and general medical - disability and prognosis evaluation, graduated exercise routines, checking of vital signs

Special Categories - 60 hours

Blind - orientation to situations and surroundings, ambulation with cane and/or dog, ADL and occupational training
Mentally retarded and emotionally disturbed - disability and prognosis evaluation, ADL, and educational training, conditioning exercise and adapted sports
Multiply handicapped - diagnosis and evaluation of disabilities, muscle-toning and re-education, balance and locomotion training, functional self-care, individual and group activities

Developmental and Adapted Physical Education - 80 hours

Diagnosis and evaluation of the atypical child - medical guidance, comparison with normal, tests and measurements

Prevention of poor health habits - hygiene, nourishment, rest, elimination

Functional development - physiological and psychological

Recovery from disability - remedial, compensatory, assistive

Adapted growth activities - corrective exercise, socialization, adapted games and sports

Habilitation with handicaps - utilizing personal resources, whether physically handicapped or retarded child

Maintenance of vital capacities - respiration, circulation, strength, coordination, stamina

Rehabilitation to fitness for living - maximum possible return, substitution for residual disability, mechanical and emotional aids

APPENDIX D

STANDARDS ADOPTED BY THE NATIONAL THERAPEUTIC RECREATION SOCIETY

A Branch of the National Recreation and Park Association

1. ***Therapeutic Recreation Assistant I***

   a. Two years of successful full-time paid experience in therapeutic recreation field.

   OR

   b. Two hundred clock hours in-service training in therapeutic recreation field.

   OR

   c. A combination of "a" and "b" may be substituted.

2. ***Therapeutic Recreation Assistant II***

   a. (Provisional—Non renewable) Certificate of enrollment in National Therapeutic Recreation Society approved Training Program for Therapeutic Recreation Assistant II.

   OR

   b. (Provisional—Non renewable) Two years of successful full time paid experience in therapeutic recreation field with both physically and mentally handicapped individuals plus completion of a minimum of 80 hours of NTRS approved training.

   OR

   c. (Registered) Successful completion of NTRS approved Training Program for Therapeutic Recreation Assistant II.

   OR

   d. (Registered) Four years of successful full time paid experience in therapeutic recreation field with both physically and mentally handicapped individuals plus completion of a minimum of 140 hours of NTRS approved training.

3. ***Therapeutic Recreation Technician***

   a. Associate of Arts degree from an accredited college or university or satisfactory completion of two years of college with major work in recreation or in other fields related to therapeutic recreation. (physical education, music, drama, dance, psychology and sociology)

   OR

   b. Diploma, certificate or other proof of satisfactory completion of two academic years of study in an art or technical field related to therapeutic recreation from an approved or recognized school.

4. ***Therapeutic Recreation Worker***

   a. (Provisional) Baccalaureate degree from an accredited college or university with a major in recreation or field related to therapeutic recreation.

   OR

   b. (Registered) Baccalaureate degree from an accredited college or university with an option or emphasis in Therapeutic recreation.

   OR

   c. (Registered) Baccalaureate degree from an accredited college or university with a major in recreation and one year of experience in therapeutic recreation field.

   OR

d. (Registered) Baccalaureate degree from an accredited college or university with a degree in a field related to therapeutic recreation and two years of experience in therapeutic recreation field.

OR

e. (Registered) Masters degree from an accredited college or university with a major in recreation or other field related to therapeutic recreation.

5. Therapeutic Recreation Specialist

a. Masters degree from an accredited college or university with an option or emphasis in therapeutic recreation.

OR

b. Masters degree from an accredited college or university with a major in recreation and one year of experience in therapeutic recreation field.

OR

c. Masters degree from an accredited college or university with a major in a field related to therapeutic recreation and two years of experience in therapeutic recreation field.

OR

d. Baccalaureate degree from an accredited college or university with an option or emphasis in therapeutic recreation and three years of experience in therapeutic recreation field.

OR

e. Baccalaureate degree from an accredited college or university with a major in recreation and four years of experience in therapeutic recreation field.

OR

f. Baccalaureate degree from an accredited college or university with a major in a field related to therapeutic recreation and five years of experience in therapeutic recreation field.

6. Master Therapeutic Recreation Specialist

a. Masters degree from an accredited college or university with an option or emphasis in therapeutic recreation and two years of experience in therapeutic recreation field.

OR

b. Masters degree from an accredited college or university with a major in recreation and three years of experience in therapeutic recreation field.

OR

c. Masters degree from an accredited college or university with a major in a field related to therapeutic recreation and four years of experience in therapeutic recreation field.

OR

d. Baccalaureate degree from an accredited college or university with an option or emphasis in therapeutic recreation, five years of experience in therapeutic recreation field and six credits or work at the graduate level.

OR

e. Baccalaureate degree from an accredited college or university with a major in recreation, six years of experience in therapeutic recreation field and twelve credits of work at the graduate level.

OR

f. Baccalaureate degree from an accredited college or university with a major in a field related to therapeutic recreation, seven years of experience in therapeutic recreation field and eithteen credits of work at the graduate level.

APPENDIX E

PARTICIPANTS

Sidney H. Acuff, Supervisor
Activity Therapies
Western State Hospital
Fort Steilacoom, Washington 98494

Harold S. Alterowitz, Chairman
Division of Health, Physical
Education and Recreation
Eastern Montana College
Billings, Montana 59101

David Auxter, Professor of
Physical Education
Slippery Rock State College
Slippery Rock, Pennsylvania 16057

V. Barney Anooshian, Professor
California State Polytechnic
College
Pomona, California 91711

Daniel D. Arnheim, Professor of
Physical Education
California State College
Long Beach, California 90801

Doris Berryman, Research Scientist
School of Education
New York University
New York, New York 10003

Charles E. Bratcher, Chief
of Recreation Services
Eastern State Hospital
Lexington, Kentucky 40508

Don Brault, Coordinator of
Health, Physical Education and
Special Education
Madison Public Schools
Madison, Wisconsin 53706

* Ed Breen, Director
Special Education Division
University of Tulsa
Tulsa, Oklahoma 74104

Dorothy Buehring, Associate
Education of Mentally Handicapped
Children
New York State Department of
Education
Albany, New York 12224

Charles E. Buell
4244 Heather Road
Long Beach, California 90808

C. Boyd Call, Associate Professor
Brigham Young University
Provo, Utah 84601

Eugene Campbell, Assistant Director
Division of Municipal Recreation
and Adult Education
Milwaukee Public Schools
Milwaukee, Wisconsin 53208

Frances Cannon, Assistant Professor
Recreation Curriculum
Florida State University
Tallahassee, Florida 32206

Donato Capozzoli, Consultant
National Easter Seal Society
Chicago, Illinois 60612

* Robert Carlson, Assistant Professor
Department of Physical Education
and Recreation
University of Kansas
Lawrence, Kansas 66044

Dorothy B. Carr, Assistant Director
of Special Education
Los Angeles City Unified School
District
Los Angeles, California 90012

Linda Caulfield, Recreation
Therapist
John Seal Hospital, University of
Texas Medical Branch
Galveston, Texas 77550

*Positions at time of Institutes

Frederick M. Chapman, Professor
University of Minnesota
204 Cooke Hall
Minneapolis, Minnesota 55455

*William C. Chasey, Project
Director for Handicapped
Planning Grant
Department of Physical and Health
Education
The University of Texas
Austin, Texas 78712

Mrs. Daul F. Clark
523 Clarendon Street
Syracuse, New York 13210

David M. Compton, Assistant
Professor, Recreation
Chico State College
Chico, California 95926

Helen R. Connor, Professor
Health, Physical Education,
Recreation
University of Alabama
University, Alabama 35486

Darlene Conover, Department of
Physical Education for Women
Iowa State University
Ames, Iowa 50010

George Coulter, Coordinator
of Adjunctive Therapies
N.E. Kingdom Mental Health
Service, Inc.
Newport, Vermont 05855

Alfred N. Daniel, Coordinator of
Developmental Physical Education
Cherry Hill Public Schools
Cherry Hill, New Jersey 08034

Ernest P. Davis, Physical Education
Instructor
St. Paul Public Schools
St. Paul, Minnesota 55107

Dorothy Deach, Department of
Physical Education for Women
Arizona State University
Tempe, Arizona 85281

Robert M. Decker, Director
Child Development Center
2475 Leslie Avenue
Idaho Falls, Idaho 83401

Ted Dethlefs, Recreation Planner
State Parks and Recreation Section
of Highway Department
State Highway Building
Salem, Oregon 97310

Genevie Dexter, Consultant
California State Department of
Education
Sacramento, California 95814

John H. Doolittle, Assistant
Professor of Physical Education
The Pennsylvania State University
University Park, Pennsylvania 16802

Blanche Drury, Professor
San Francisco State College
San Francisco, California 94132

Tom Edson, Physical Education and
Guidance Consultant
Riverside County Schools
Riverside, California 92502

Walter F. Ersing, Assistant Professor
School of Health, Physical Education
and Recreation
Ohio State University
Columbus, Ohio 43210

Hollis Fait, Professor
School of Physical Education
University of Connecticut
Storrs, Connecticut 06268

Arnold Fassler, Professor and Chairman
Special Education Department
Southern Connecticut State College
New Haven, Connecticut 06517

Michael Flanagan, Coordinator of Health, Physical Education and Conservation
Department of Public Instruction
Harrisburg, Pennsylvania 17126

Mary E. Fortune, Assistant Professor
Virginia Commonwealth University
Richmond, Virginia 23228

Virginia Frye, Associate Professor of Recreation Education
Iowa State University
Ames, Iowa 50010

Dolores Geddes
Women's Physical Education Department
Indiana State University
Terre Haute, Indiana 47809

Charles W. Grant, Director of Habilitation Therapies
Rosewood State Hospital
Owings Mills, Maryland 21117

Norma Sue Griffin, Associate Professor, Department of Physical Education for Women
University of Nebraska
Lincoln, Nebraska 68508

* Frances Grove, Supervisor
Rehabilitation Services
Pacific State Hospital
Pomona, California 91766

Walter Hambrick, Assistant Professor, Department of Physical Education
University of South Carolina
Columbia, South Carolina 29206

* Lois J. Hardt, Senior Research Scientist
New York University
New York, New York 10003

Dorothy Harkins, Assistant Professor
Eastern Kentucky University
Richmond, Kentucky 40475

* Gene A. Hayes, Assistant Professor
Texas Woman's University
Denton, Texas 76204

Roberta K. Heimark
Program for Mentally Retarded
Agnews State Hospital
San Jose, California 95114

Jimmy D. Hemphill, Instructor
Caldwell Community College
Lenior, North Carolina 28645

Helen Jo Hillman, Director
Mental Retardation Program
D.C. Department of Recreation
Washington, D. C. 20010

Alton Hodges, Assistant Professor
University of Texas
Austin, Texas 78712

Robert Holland, Consultant
Physical Education, Health, Safety
State Department of Education
Columbus, Ohio 43215

Fred Humphrey, Coordinator
Therapeutic Recreation
Recreation and Parks
Pennsylvania State University
University Park, Pennsylvania 16802

John L. Hutchinson, Professor
San Francisco State College
San Francisco, California 94132

Harold K. Jack, Professor
Health, Physical Education, and Recreation
Temple University
Philadelphia, Pennsylvania 19122

Robert Janus, Specialist
Board of Education, Prince Georges County
Capitol Heights, Maryland 20027

* Leon E. Johnson, Associate Professor
Department of Health and Physical Education
East Carolina University
Greenville, North Carolina 27834

* Robert Johnson, Graduate Student
Doctoral Candidate
Ohio University
Athens, Ohio 45701

Sunnie Johnson, Recreation Therpist
Department of Physical Education and Recreation
Fresno State College
Fresno, California 93726

Shirley Kammeyer, Professor
Sacramento State College
Sacramento, California 95819

Jerry Kelley, Therapeutic Recreation Specialist
University of Illinois
Champaign, Illinois 61820

* Ellen Davis Kelly, Professor
Health and Physical Education
Illinois State University
Normal, Illinois 61761

Dan W. Kennedy, Research Associate
USOE Project Coordinator
University of Illinois
Champaign, Illinois 61820

Jack Keogh, Associate Professor
Department of Physical Education
University of California
Los Angeles, California 90024

Steve Klesius, Assistant Professor
University of South Florida
Tampa, Florida 33620

Stan Labanowich, Supervisor of Recreation and Athletics
Division of Rehabilitation Education Services
University of Illinois
Champaign, Illinois 61820

Martin Landholm, Recreation Director
Division of Mental Retardation and Child Development
Nampa, Idaho 83651

Thomas W. Lane, Assistant to Western Regional Commissioner
North Carolina Department of Mental Health
Raleigh, North Carolina 27602

Roger C. Larson, Professor
Physical Therapist
Washington State University
Pullman, Washington 99163

Jack Leighton, Department of Health, Physical Education and Recreation
Eastern Washington State College
Cheney, Washington 99004

Don Lindley, Assistant Professor
Recreation Education
University of Iowa
Iowa City, Iowa 52240

Ruth Lindsey, Professor
Health, Physical Education, Recreation
Oklahoma State University
Stillwater, Oklahoma 74074

Evelyn Loewendahl, Consultant
Home Treatment Program-HEW
1755 Correa Way
Los Angeles, California 90049

James R. Lounsberry
Western Washington State College
Bellingham, Washington 98225

Janet MacLean, Professor of Recreation
Indiana University
Bloomington, Indiana 47401

Dwaine J. Marten, Assistant Professor
University of Idaho
Moscow, Idaho 83843

Orrin H. Marx, Supervisor
Physical Education Department
University Hospital School
University of Iowa
Iowa City, Iowa 52240

John McGinn, Director of
Community Services
Hewlett-Woodmere Public Schools
Hewlett, New York 11557

Lee E. Meyer, Instructor
Curriculum in Recreation
Administration
University of North Carolina
Chapel Hill, North Carolina 27514

Mary Miller, Supervisor, Division
for the Ill and Handicapped
Cincinnati Recreation Commission
Cincinnati, Ohio 45202

Chauncey "Dewey" Morehouse
Associate Professor, Biomechanics
Laboratory
Pennsylvania State University
University Park, Pennsylvania 16802

Cecil W. Morgan, Professor
Department of Health and Physical
Education
George Peabody College for Teachers
Nashville, Tennessee 37203

Ethel T. Mori, Superintendent of
Recreation
Department of Recreation and Parks
City and County of Honolulu
Honolulu, Hawaii 96814

Jean Mundy, Assistant Professor
School of Education
Winthrop College
Rock Hill, South Carolina 29730

Honey Nashman, Assistant Professor
of Physical Education
George Washington University
Washington, D. C. 20006

Larry Neal, Director
Project Extend-Ed
University of Oregon
Eugene, Oregon 97403

* John Nesbitt, Coordinator
Therapeutic Recreation Services
San Jose State College
San Jose, California 95114

* Judy Newman, Director of Swim
Therapy
Angel View Crippled Children's
Foundation
Desert Hot Springs, California 92240

R. Wayne Nichols, Director of
Collateral Therapy
Plateau Mental Health Center
Cookeville, Tennessee 38501

Doug Neiland, Assistant Professor
of Recreation
Eastern Kentucky University
Richmond, Kentucky 40475

Gerald S. O'Morrow, Associate
Professor of Recreation
School of Health, Physical Education,
and Recreation
Indiana State University
Terre Haute, Indiana 47809

Betty Owen, Assistant Professor
Department of Health, Physical
Education and Recreation
Memphis State University
Memphis, Tennessee 38111

Frank Papcsy, Director, Therapeutic
Programs
University of New Mexico
Albuquerque, New Mexico 87106

Martha Peters, Assistant Professor
University of Kentucky
Lexington, Kentucky 40506

Pearl C. Pettersen, Lecturer
University of North Carolina
Greensboro, North Carolina 27408

Janet Pomeroy, Founder and Director
Recreation Center for the Handicapped
San Francisco, California 94132

Grace Reynolds, Director of
Special Services
YMCA of Southwest Washington
Longview, Washington 98632

Lola Sadlo, Professor of
Recreation Education
San Fernando Valley State
College
Northridge, California 91324

Richard J. Schild, Assistant
Professor of Physical Education
University of Wisconsin
Milwaukee, Wisconsin 53201

Richard Schofer, Department of
Special Education
University of Missouri
Columbia, Missouri 65201

William J. Seffernick, Assistant
Physical Education for the
Handicapped
Seattle Public Schools
Seattle, Washington 98109

Wayne Sengstock, Associate
Professor
Department of Special Education
Georgia State University
Atlanta, Georgia 30303

Ruth Sevy, Associate Professor
of Physical Education
University of Northern Iowa
Cedar Falls, Iowa 50615

Rudolph H. Shelton, Associate
Research Scientist
New York University
New York, New York 10003

Claudine Sherrill, Associate
Professor of Adapted Physical
Education
Texas Woman's University
Denton, Texas 76201

Lou Smario, Consultant, Health
and Physical Education
Boulder Valley Public Schools
Boulder, Colorado 80302

Amiel Solomon, Associate Professor
Middle Tennessee State University
Murfreesboro, Tennessee 37130

Howard Sorrell, Instructor of
Elementary Physical Education
Glen Carlyn School
Arlington, Virginia 22204

Mariann Soulek, Special Services
King County Park Department
Seattle, Washington 98148

Edward A. Sparrow, Specialist
Los Angeles Board of Education
Los Angeles, California 90012

Edwin J. Staley, Executive Director
Recreation and Youth Services
Planning Council
Los Angeles, California 90006

Thaddeus L. Studstill, Assistant
Director
Georgia Recreation Commission
Atlanta, Georgia 30309

Matthew E. Sullivan, Consultant
in Physical Education
Special School District of
St. Louis County
Rock Hill, Missouri 63119

Jean R. Tague, Assistant Professor
San Fernando Valley State College
Los Angeles, California 90066

* Margaret M. Thompson, Professor
of Physical Education
University of Missouri
Columbia, Missouri 65201

Glen E. Van Andel, Recreation
Therapist
Pine Rest Christian Hospital
Grand Rapids, Michigan 49508

Jackie Vaughan, Supervisor of
Therapeutic Recreation
Terrell State Hospital
Dallas, Texas 75218

Peter Verhoven, Head
Recreation and Parks
University of Kentucky
Lexington, Kentucky 40506

Thomas M. Vodola, Supervisor
Township of Ocean School District
Ocean Township High School
Oakhurst, New Jersey 07755

* William Walters, Project Director
Mobile Unit, Kentucky Association
for Retarded Children
Frankfort, Kentucky 40601

Michael S. Watters, Program
Supervisor
Conard House
San Francisco, California 94115

Ronald R. Wangerin, Professor
Wisconsin State University
Whitewater, Wisconsin 53190

Raymond A. Weiss, Head, Division
of Physical Education, Health
and Recreation
School of Education
New York University
New York, New York 10003

Janet Wessell, Professor
Department of Health, Physical
Education and Recreation
Michigan State University
East Lansing, Michigan 48823

Joseph Williams, Instructor of
Therapeutic Recreation
Northwestern Connecticut Community
College
Winsted, Connecticut 06098

Joseph Winnick, Associate Professor
State University College at
Brockport
Brockport, New York 14420

Peter R. Wisher, Chairman
Department of Physical Education
and Athletics
Gallaudet College
Washington, D. C. 20002

Edna Wooten, Professor
Physical Education for Exceptional
Student
University of Oregon
Eugene, Oregon 97403

George D. Wyse, Director
King County Department of Parks
Seattle, Washington 98109

Nicholas Zona, Director of Physical
Education
City School District
Rochester, New York 14614

AAHPER
INFORMATION AND RESEARCH UTILIZATION CENTER
IN PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED
1201 Sixteenth Street, N.W.
Washington, D. C. 20036

Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped. Washington, D.C.: American Association for Health, Physical Education and Recreation, February 1973. (Developed under Project OEG-0-70-3406 (306)-181352 and printed as a service of the Information and Research Utilization Center in Physical Education and Recreation for the Handicapped, Project OEG-0-72-5454-233563, both projects of the Bureau of Education for the Handicapped, U.S. Office of Education, Department of Health, Education, and Welfare).

Guidelines for graduate professional preparation programs in adapted physical education and in therapeutic recreation are presented. These guidelines were developed, refined, and finalized through a process that involved 120 physical educators, recreation specialists, special educators, administrators, supervisors, students, clinicians, and others with diversified backgrounds and from varied programs. Although adapted physical education and therapeutic recreation sections were developed separately, formats of each are related. Both general and specific directions, content, approaches, and techniques can be used to supplement and complement one another in preparing graduate personnel for various roles in adapted physical education and therapeutic recreation. Emphasis is upon competencies required to perform various roles in each of the areas, alternative ways for students to gain competencies, and flexibility to individualize programs in terms of student background and experience and role/position expectations. Adapted physical education section deals with three specific roles, teacher, specialist, supervisor, and college/university teacher, in terms of functions, competencies, and learning experiences for each. Therapeutic recreation section deals with roles, functions, performance goals for nine roles, illustrative learning experiences, resources, and assessment procedures. The importance of relevant practicum experiences is emphasized in both sections. Appendices include behavioral performance words, data about professional preparation for corrective therapy, standards of the National Therapeutic Recreation Society, and a listing of all participants in the project.

Descriptors: Adapted Physical Education; Therapeutic Recreation; Professional Preparation; Corrective Therapy; Behavioral Objectives; Physical Education; Recreation

Identifiers: National Therapeutic Recreation Society, American Corrective Therapy Association, American Association for Health, Physical Education, Recreation, Bureau of Education for the Handicapped